

Patapsco Valley Veterinary Hospital
Anesthesia Release Form

Owner: _____ Pet: _____ Date: _____

Procedure to be performed: _____

Your pet is due for the following vaccinations or tests:

Cats: () Rabies*	Dogs: () Rabies*	Would you like to update these today?
YES	NO	
() FVRCP*	() DHPPCVK*	*Indicates services which MUST be updated
() Felv	() BORD	if not current.
	() Lyme	
	() Heartworm Test	

Has your pet eaten this morning?	Yes	No	
Is your pet currently on medications?	Yes	No	List: _____
Is your pet allergic to any medications?	Yes	No	List: _____
Does your pet have a history of seizures?	Yes	No	How recently: _____

Do you need any medication refills or is there anything that you need us to examine on your pet today?

Pre-Anesthetic Exam: Your pet is here with us today for a procedure which will require anesthesia. Maryland Law requires us to do a physical examination within twelve hours on any pet requiring sedation or anesthesia. There is a charge for this exam.

Pre-Anesthetic Exam:
We expect your pet to do fine with surgery, however there are some medical conditions that might not be evident during the physical exam. In an effort to help identify pre-existing conditions not evident during routine history and physical exam we recommend pre-anesthetic blood testing.

Would you like bloodwork to be performed: (If abnormalities are found we will contact owner@ number listed below) YES
NO

If I **decline** such pre-anesthetic safety evaluation, I agree to hold Patapsco Valley Veterinary Hospital harmless in the event of untoward anesthetic complications that may have been detected had these tests been performed. **Owner's Initials:** _____

If your pet is **under 7 years old**, the bloodwork is recommended, but optional. The approximate cost is _____

YOUR PET IS 7 years or older (or sick) and therefore we require the bloodwork. The approximate cost is _____

Pain Medications: For the comfort of your recovering pet, there are certain surgical procedures when pain medication is required by the surgeon and dispensed as needed such as declaws and orthopedic surgery. Other surgeries, such as neutering may not require pain medication, but we do recommend the medication in an effort to relieve any discomfort your pet may experience post surgery. The additional cost is \$30 to \$40 for injections and oral medications.

Do you want to receive post surgical pain medications for your pet? YES NO

Microchip Identification: Would you like your pet implanted with the AKC Companion Animal Recovery ID System? If done today you receive 15% off the regular in office price. YES
NO

Dental: Would you like your pet's teeth cleaned today? This includes ultrasonic scaling, polishing, and extractions if necessary. YES NO

I am the owner, or authorized agent of this pet, and I authorize Patapsco Valley Veterinary Hospital to anesthetize my pet. I agree to pay all charges when my pet is picked up.

Signature: _____ Date: _____

It is important that we be able to contact you if needed. Please list all phone numbers where you can be reached today. NOTE: The hospital is not staffed after hours. If your pet shows evidence of fleas a dose of preventative will be applied at your expense.

PHONE # _____ # _____ # _____