

Montezuma Veterinary Clinic

10411 Hwy 491 Cortez, CO 81321 (970)565-7567

ANESTHETIC AND SEDATION RELEASE FORM

Client _____ Patient _____ Date _____

PROCEDURE TO BE PERFORMED _____

****PLEASE UNDERSTAND THAT IF THE ABOVE ANIMAL IS A MALE & BEING NEUTERED, THAT IF HE IS A CRYPTORCHID AN ADDITIONAL CHARGE WILL BE APPLIED****

****PLEASE UNDERSTAND THAT IF THE ABOVE ANIMAL IS A FEMALE & BEING SPAYED, IF SHE IS OBESE, IN HEAT OR PREGNANT AN ADDITIONAL CHARGE WILL BE APPLIED****

PRE-ANESTHETIC DIAGNOSTICS

You deserve *peace of mind*. Pre-anesthetic testing can significantly reduce medical risk and help to ensure your pet's health and safety. These tests also provide a baseline level for your pet and become part of his or her medical history for future reference.

BLOODWORK checks the function of the liver and kidneys, which are the organs responsible for processing anesthesia and medications. Testing helps us to evaluate the health of your pet so we can avoid potential problems related to anesthesia and post-operative management. A pre-anesthetic work-up is the best way to minimize and mitigate (although not eliminate) the risks associated with any anesthetic procedure.

_____ **PRE-ANESTHETIC BLOOD PANEL** (*required* for patients 5 years and older) Signature _____
(*recommended* for patients under 5 years of age) Signature _____

An **EKG** is a screening test and print out that displays the condition of your pet's heart and can show abnormalities that could prove to be detrimental or fatal during surgery.

_____ **EKG** (*recommended* for any patient undergoing an anesthetic procedure) - Signature _____

THE RISKS OF FORGOING THE RECOMMENDED PRE-SURGICAL WORKUP HAVE BEEN EXPLAINED TO ME, AND WITH THIS KNOWLEDGE I ELECT TO DECLINE THE RECOMMENDED PROCEDURES Signature _____

PRE & POST OPERATIVE PAIN MANAGEMENT

_____ Your pet will be given pre-anesthetic pain medication prior to surgery that lasts for 24 hours for dogs and up to 72 hours for cats. This medication is included in the cost of the surgery for spays & neuters ONLY. Although your pet may not always show pain, we feel it is important that he/she be maintained on an appropriate pain protocol. The medication used will decrease the inflammatory response (swelling,), as well as decrease the pain associated with today's procedure, helping to aid in recovery, as well as keep him/her comfortable. If you would like oral take home medication (dogs ONLY), we can provide you with a four day prescription of an oral medication to begin the next day.

_____ **ORAL PAIN MEDS TO GO HOME** price varies depending on weight.

ADDITIONAL PROCEDURES REQUESTED

_____ (i.e vaccinations, nail trim and micro-chipping) Please indicate any other procedures you would like us to do.

_____ I understand that if the above mentioned pet is found to have fleas, he/she will be treated by the staff of Montezuma Veterinary Clinic at a non-negotiable charge. This policy is to protect the clinic, its staff and other visiting patients.

_____ I understand that depending on the type/location of the surgery performed, the above mentioned pet may experience the urge to lick, chew or scratch themselves post-operatively and delay healing. He/she will be given an Elizabethan collar, at the doctors discretion, to wear post-operatively. Price varies depending on size. This policy is to decrease the incidence of post-operative complications.

I, the owner or authorized agent of the above-mentioned patient, give permission for the use of anesthesia for the above listed surgery, treatment and/or procedure. I understand that unforeseen conditions may arise or be revealed that may alter the above scheduled treatment or surgery. I authorize the use of treatments, anesthetics, and/or medications for my pet that the veterinarian deems appropriate to stabilize my pet until I can be reached. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. **I have been advised as to the nature and risks of the above surgery, treatment and/or procedure and understand that results cannot be guaranteed. By signing below, I acknowledge that I have read and understand this authorization consent.**

I UNDERSTAND THAT PAYMENT IS EXPECTED IN FULL UPON DISMISSAL OF MY PET

Authorized Signature _____ Date _____

It is **EXTREMELY** important that we are able to contact you in the event of an emergency, or to discuss and/or authorize further recommendations and treatment of your pet.

Primary contact number _____ Secondary contact number _____

****YOU HAVE SCHEDULED A SPECIFIC TIME TO PICK UP YOUR PET, IF YOU CANNOT MAKE IT AT THAT TIME, PLEASE CONTACT US SO OTHER ARRANGEMENTS CAN BE MADE.**