



# Anesthesia, Surgical & Medical Release

**Please Read Carefully**

I hereby authorize and direct the veterinarians of VCA Liberty Animal Hospital to sedate or administer anesthesia to my pet.

**Owner/authorized agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Procedure(s): \_\_\_\_\_

**Please Check One:**

\_\_\_ I authorize the recommended Pre-Anesthetic Blood Work      \_\_\_ my pet has already had blood work in the past 30 days

\_\_\_ I authorize the recommended Comprehensive Wellness Profile      \_\_\_ I decline the recommended blood work

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PROCEDURAL PERMISSION FOR SURGERY, DENTISTRY, ETC.**

**I hereby authorize the performance of the following recommended procedures under sedation or anesthesia by a veterinarian.**

\_\_\_ Spay/Neuter    \_\_\_ Excision of Dermal Mass or Masses (location : \_\_\_\_\_)

\_\_\_ Extraction of Deciduous (baby) Teeth    \_\_\_ Dental Prophylaxis (Teeth Cleaning)    \_\_\_ Dental X-rays

\_\_\_ Oral Surgery and /or Tooth Extractions    \_\_\_ Do whatever is needed for the health of my pet

\_\_\_ Do only what I have authorized. I understand that any additional dental work needed will require another anesthetic episode.

While your pet is anesthetized, we will have a unique opportunity to optimally trim his/her nails and clean his/her ears. Please check off the appropriate box(es) below if you would like any of these services done. Ear cleaning will be done if a complete exam of the ear canals determines the ear(s) should be cleaned. A microscopic analysis of ear exudate will also be performed if necessary.     Nail Trim     Microchip     Ear Cleaning     Other \_\_\_\_\_

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above and on the attached estimate, including administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary and appropriate medical, radiological, surgical, nursing, diagnostic, and/or emergency care for the animal. I have been advised as to the nature of the procedures and the potential risks. I also understand that no guarantee of successful treatment can be made.

**I have read and understand the reasons for and the risks of the above and attached authorized procedure(s), and assume full financial responsibility for all charges and services incurred to the described animal.**

**Signature of Owner/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**When did your pet eat last? (Time/day)** \_\_\_\_\_ **List current medications** \_\_\_\_\_

\_\_\_ I wish to speak with the doctor prior to these procedures today

**Phone Numbers where we can reach you today: (list times available if possible)**

**Mobile:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_