

Surgery/Anesthesia Release Form

- **ALL NEW PATIENTS WILL HAVE A BRIEF EXAM PRIOR TO ANESTHESIA (\$25.00)**

Patient Name _____

Date _____

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Bradley J. Lyon, DVM, his agents, and/or representatives full and complete authority to perform:_____.

I understand that my pet will be anesthetized and then intubated (insertion of a tube into the trachea or wind pipe). I understand that there is always a risk of anesthetic and surgical complications anytime these procedures are performed. I do hereby forever release the said Doctor, his agents, servants, or representatives from any and all liability arising from said procedure(s) on said animal.

Did you keep your pet off food for at least 12 hours?

Yes

No

Optional Procedures:

Please note: Pre-Anesthetic Blood Profiles help alert our surgeon to the presence of possible abnormalities that could complicate the procedure. These allow us to choose the most appropriate anesthetic plan for your pet.

- Pre-Anesthetic Blood Chemistry-10 Idexx Profile (\$50.00)

Yes

No

This pre-anesthetic chemistry alerts our surgeon to the presence of possible kidney or liver issues, diabetes, and protein deficiencies that could complicate the procedure.

- Pre-Anesthetic Complete Blood Count (\$45.00)

Yes

No

An in-house Complete Blood Count checks White Blood Cell Count, Red Blood Cell Count, and Platelet Count in order to detect dehydration, clotting disorders, anemia, underlying infections, and other abnormalities.

- Intravenous Catheterization & Fluids (\$30.00)

Yes

No

We recommend the placement of an IV catheter and use of IV fluids during all anesthetic procedures. This allows us to have quick, available access to the circulatory system (blood) in case of an unforeseen emergency. The fluids help provide support to the circulatory system and prevent dehydration.

- HomeAgain Microchip (\$36.00)

Yes

No

- Would you like us to perform any additional services? (Please List Below)

Print Name _____

Signature _____

Contact Number(s) _____