

# ANESTHETIC & DENTAL SURGERY RELEASE FORM



Patient Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex:  M  F  Unknown

Age: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # to call today: \_\_\_\_\_

## **PLEASE NOTE:**

We recommend blood screening tests prior to anesthesia at a cost of \$130.00. This is to screen for any risk factors associated with going under sedation/anesthesia. Please mark one of the following options: Accept \_\_\_\_\_ Decline \_\_\_\_\_

**If you would like to receive a microchip with under anesthesia, sign here**

**X** \_\_\_\_\_

An intravenous catheter will be placed for fluid administration during the anesthetic procedure. This service is to help reduce possible complications related to anesthesia and is included in the cost of the anesthesia.

If my pet stops breathing or his/her heart stops beating, I would like the doctor and staff to perform **CPR**  
\_\_\_\_\_ (initial)

If my pet stops breathing or his/her heart stops beating, I would like to **ALLOW NATURAL DEATH.**  
\_\_\_\_\_ (initial)

**The average cost for CPR procedures is about \$300.00**

**FOR DENTALS:** I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, and give the doctor, his or her staff, and/or representatives full and complete authority to anesthetize and perform the following dental procedures:

- Oral examination
- Cleaning and Polishing Teeth
- Tooth extractions deemed necessary by the veterinarian
- Gingival resection/pocket reduction as deemed necessary by the veterinarian

**FOR SURGICAL PROCEDURES:** I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, and give the doctor, his or her staff, and/or representatives full and complete authority to anesthetize and

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perform the following surgical procedure(s)described as:\_\_\_\_\_

I do hereby and by the present document forever release the doctor, his staff, or representatives from any and all liability arising from these surgical &/or dental procedures on this animal.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_