



Anesthesia/Sedation Release

Procedure: _____ Patient Name: _____

Owner Name: _____ Owner Date of Birth: _____

When did your pet last eat _____

Has your pet recieved any medications today?

If so, please list medication and amounts.

Anesthesia Release

I hereby consent and authorize the doctor to administer sedation/general anesthesia upon this animal. I am aware of the risks that anesthesia may present. I have discussed the procedure and all options with the doctor.

Surgery Release

I hereby consent and authorize the doctor to receive, treat, prescribe, or operate upon this animal. Hospital policy requires that 100% of the estimate be paid upon admission to the hospital. The balance is due in full upon release from the hospital. If your pet needs overnight hospitalization following treatment please be advised there is not an attendant or veterinarian in the hospital after hospital business hours. I have read the foregoing and agree.

I agree to the above anesthesia release and surgery release:

Signature _____ Date: _____

Phone number I can be reached at today: _____