

Yellowstone Valley Veterinary, Inc.
Moore Lane Veterinary Hospital
Anesthesia/Surgical Release

Owner's Name: _____ Pet's Name: _____ Date ____

Admitted for: _____
Account # _____

Your pet has been admitted for an anesthetic procedure or surgery today. Please be assured that our staff will use the safest anesthetics available. Your pet is constantly monitored throughout the procedure. **Regardless of an animal's age or apparent health status, all anesthetic procedures have an element of risk.** Before the anesthetic is given, the following procedures are recommended: Please initial below to indicate that you understand that there are risks associated with anesthesia and what test you would like us to do prior to giving the anesthesia.

**A Presurgical Blood Work which includes a total of 14 tests that allow us to check the function of the internal organs. Knowing how well these organs are working is vital to the safety of the animal. (This service is an additional charge)

_____ Yes, I have read the above and want the Presurgical Blood Test done.

**An Electrocardiogram (EKG) which detects the heart rate and electrical rhythm of your pet's heart function. Certain abnormal rhythms and heart rates can be harmful to animals undergoing anesthesia. (This service is an additional charge)

_____ Yes, I have read the above and want the EKG done.

_____ No, I have read the above and decline to have any tests done prior to anesthesia.

**An IV (intravenous) Catheter with Fluids may be placed preoperatively for the most complete safety. This option helps your pet to stay hydrated, protects the internal organs from possible adverse effects caused by the anesthetic and provides a direct access port for emergency situations. (This service is an additional charge)

_____ Yes, I would like the safest treatment for my pet and have an IV Catheter with Fluids placed prior to anesthetic.

_____ I authorize the use of the Laser Surgery Unit. (This service is an additional charge)

_____ **I authorize the use of pain management for surgery.**

_____ Pain injection (This service is an additional charge)

_____ Fentanyl Patch (This service is an additional charge)

_____ Oral Pain Medication to go Home (This service is an additional charge)

******If your pet is being admitted for a dental procedure, would you like to be called prior to any teeth being extracted? _____**

Other services that can be done while your pet is under anesthesia:

_____ Dental Cleaning . (service is an additional charge)

_____ Nail Trim

_____ Fecal Exam for Parasites. (service is an additional charge)
additional charge)

_____ Feline Leukemia Test. (service is an additional charge)
additional charge)

_____ Heartworm Test. (service is an additional charge)
additional charge)

_____ Vaccinations (service is an additional charge)
additional charge)

_____ Biopsy (Histopathology) (service is an additional charge)
Glands (service is an additional charge)

_____ Microchip (service is an

_____ Urinalysis (service is an

_____ Ear Exam (service is an

_____ X-Rays (service is an

_____ Express Anal

I authorize my pet for anesthesia/surgery and understand the risks that are involved. We reserve the right to treat/assess your pet for any emergency situation imperative to your pet's life or well being. I assume full financial responsibility for the above services for my pet.

Owner's Signature _____ Phone # _____