



7851SE King Rd. Milwaukie, OR 97222

Phone: 503-771-0857 Fax 503-771-2170

Anesthesia and Surgical Procedure Release

Client Name: _____ (Please Print) Phone Number: _____

Patient's Name: _____ Age: _____ Canine/ Feline Female/ Male

Reason for visit: _____

Medical History:

Has your pet had any treats or food in the past 8 hours? Yes No If so what time? _____

Is your pet experiencing any vomiting, coughing, sneezing or diarrhea? Yes No

Is your pet taking any medications? Yes No

If yes, please list _____

Elective procedures to be performed:

Express anal glands \$21.00 Clean ears \$30.00 Nail trim \$0 Other _____

PRE-ANESTHETIC BLOOD WORK:

Your pet is scheduled for anesthesia and dental treatment. Any anesthetic procedure has potential risk. Therefore, we recommend a blood profile for all pets and require it for pets over 7 years of age, to ensure that your pet is in suitable condition prior to this procedure. We are able to perform quick and accurate blood tests before your pet's anesthetic induction. These tests are the same that your doctor would request before you would undergo anesthesia.

YES I hereby consent to the recommended pre-anesthetic test. \$84.30

NO: I decline the recommended pre-anesthetic tests. I understand the potential risks by the omission of these tests. I assume full responsibility for my pet should complications arise.

Recommended pre-anesthetic tests have already been completed on : _____

Intravenous Catheter and Fluids:

An IV catheter will be placed prior to undergoing anesthesia. IV fluids improve blood pressure, assist in processing the anesthetic agents, compensate for blood loss and provide a direct line in case of emergency.

HOME AGAIN MICROCHIP:

I would like to have a Home Again microchip placed while my pet is anesthetized. Cost is \$34.00.

YES NO

Please note: Southgate Animal Clinic is not a 24 hour care facility. Pets hospitalized overnight do not receive monitoring between the hours of 8:30pm and 7:30 am.

****All animals found to have an existing flea population will be treated with an appropriate flea product. ****

Client Signature Print Name Contact Phone Number Date

- Southgate Animal Clinic will make every attempt to contact the owner if **EMERGENCY** treatments are required while an animal is in our care. I do do not **authorize emergency treatment if Southgate is unable to reach me.**

Southgate Animal Clinic Staff Initials _____