



4320 East Boulevard  
Deer Park, TX 77536  
phone: 281-479-0405  
fax: 281-241-8916  
Email@DeerParkVets.com

### Anesthetic Release Form

Client: \_\_\_\_\_ Patient: \_\_\_\_\_

I hereby authorize the performance of the following procedure(s) or operations(s) with the appropriate anesthetics and medications:

\_\_\_\_\_

The nature of such service has been described to me to my satisfaction and I understand the risks involved. I realize that no guarantee nor warranty can ethically or professionally be made regarding the results. I understand that during the performance of the foregoing procedure or operation unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure or operation than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedures or operations as are necessary and desirable in the exercise of the veterinarians' professional judgment. I also authorize the use of appropriate anesthetics and other medications, and I understand the risks involved.

I authorize the Doctor to perform a pre-anesthesia blood profile to help rule out pre-existing internal problems that could lead to serious complications.

I authorize that my pet be provided post-surgical pain management medication as needed.

Signature of Owner or Responsible Agent \_\_\_\_\_ Date \_\_\_\_\_

Phone number where I may be reached today: \_\_\_\_\_

Would you like to receive a text message update once your pet is in recovery?  YES  NO

I request that my pet have an injection before surgery to help decrease vomiting, improve recovery time, and help them return to eating sooner at an additional cost of \$38.50.  YES  NO

I request that my pet have a Microchip placed while under anesthesia (\$43.46+tax):  YES  NO

I request that my pet have a nail trim while under anesthesia at a 50% discount  YES  NO

Sometimes during an anesthetic procedure additional problems are detected and require further treatment. We will attempt to contact you before proceeding. However, if you cannot be reached, please initial below how you would like us to proceed.

\_\_\_ I authorize any additional services that the doctor recommends during this procedure.

\_\_\_ I authorized additional services but not to exceed  \$100  \$200  \$300

\_\_\_ I do NOT authorized any additional services without being contacted first.