

# Navarro Small Animal Clinic - Surgery & Anesthesia Release

Surgery drop off is between 8-8:30am. NO food after 10pm the night before. Fresh water is allowed until morning.

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

Species/Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Procedure: \_\_\_\_\_

Pre-Anesthetic Labwork: Your pet is receiving general anesthesia, therefore there is always some risk involved. Labwork is recommended for all ages of patients to insure organ function is within normal ranges. **LABWORK IS REQUIRED FOR ANY PATIENT 7 YEARS OF AGE OR OLDER!** \*There is an additional fee for pre-anesthetic labwork\*

YES, I want my pet to have pre-anesthetic labwork.

NO, I do not want my pet to have pre-anesthetic labwork. I understand there may be unforeseen consequences to not performing labwork prior to the procedure.

Dental: Prior to any dental procedure, your pet will have had a dental grading performed, however, some dental issues are not apparent until the patient is under anesthesia. Please indicate your wishes below.

YES, the veterinarian has permission to extract damaged and/or infected teeth as medically necessary (\$ varies)

NO, I will bring my pet back for an additional procedure. This option is not recommended.

**\*\*Any baby teeth found during a procedure will be extracted as medically necessary and charged accordingly\*\***

Microchipping:

YES, I want my pet microchipped (additional charge)

NO, I do NOT want my pet microchipped OR  My pet is already microchipped

**What ONE EMERGENCY phone number can we readily contact you at today?** \_\_\_\_\_

Pain Medication and antibiotics are included in routine procedures and are NOT optional.

Should unexpected life-saving emergency care be required, I would like to clinic staff to attempt the following life-saving measures (initial one):

\_\_\_\_\_ Closed Chest Resuscitation including drugs, CPR, and assisted breathing.

\_\_\_\_\_ Do NOT attempt resuscitation

I have read and understand the above document and hereby authorize Navarro Small Animal Clinic to perform the indicated procedures for my pet, assuming all risks and financial responsibility.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_