

PITTSBORO ANIMAL HOSPITAL
ANESTHESIA/SURGICAL RELEASE FORM

Owner Name _____ Pet Name _____

Contact Numbers:

Cell _____ Work _____ Home _____

Procedure(s):

When did your pet last eat? _____

Do you have any health concerns regarding your pet?

Coughing	Vomiting	Excessive Drinking	Decreased Appetite
Sneezing	Diarrhea	Excessive Urination	Any Discharge
Limping	Weakness	Straining	

Other:

My DOG is current on their MONTHLY HEARTWORM PREVENTATIVE Yes No

If your pet is not current on monthly preventative, we recommend a heartworm test as a positive animal has an increased anesthetic risk.

I **authorize** Pittsboro Animal Hospital to perform a heartworm test at an increased cost of \$_____

I **decline** to have Pittsboro Animal Hospital perform a heartworm test. I understand the risk of declining the test.

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above and on the attached estimate, including administration of pain relief medications, sedatives, and/or anesthetics, as well as any necessary and appropriate medical, radiological, surgical, nursing, diagnostic, and/or emergency care for the animal. I have been advised as to the nature of the procedures and the potential risks. I also understand that no guarantee of successful treatment can be made. I have read and understand the reasons for and the risks of the above and attached authorized procedure(s), and assume full financial responsibility for all charges and services incurred to the described animal.

Signature _____ Date _____