**SCOTT LAKE VETERINARY CENTER**
***14449 Highway 13 South • Prior Lake, MN 55372***
***Phone (952) 447-4171***

# CANINE ANESTHETIC RELEASE FORM

Dog's Name: <animal> Dr: <appt-doctor>
Owner's Name: <contact> <client> Date: <appt-date>
Procedures to be Performed: Client #: <number>

## Please Read Carefully and Sign

<animal> is scheduled for a procedure today that requires anesthesia. Because anesthesia can present a potential risk to pets with certain health conditions that are not evident through physical exam, we require a pre-anesthetic blood profile be performed prior to anesthesia. It is important to understand that a pre-anesthetic blood profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future. The specific tests we perform are based on age and include at a minimum a chemistry profile and CBC. **If tests reveal any abnormalities, we will contact you prior to administration of anesthesia.**

I understand that there is a risk to general anesthesia and am giving my consent to Scott Lake Veterinary Center to proceed. The nature of such services has been described to me to my satisfaction and, while I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure. At Scott Lake Veterinary Center IV catheter placement, pre and post-surgical pain medication, and hospitalization are all included in our standard fees. Not included are any dispensed medications the doctor thinks may be necessary.

I also understand that <animal> must be current on distemper, rabies, and Bordetella vaccines and have a current heartworm test on file. If <animal> does not have current vaccinations I understand that these vaccinations and heartworm test will be brought up to date today.

**I understand that I assume financial responsibility for all services rendered and that payment is due and *payable in full* when <animal> is picked up. To my knowledge, <animal> has not eaten since 10 pm last night, has not vomited in the last 24 hours, has been active and healthy at home in the last week, and I consent to anesthesia.**

**What medications is <animal> currently taking? _____**
**Has <animal> been given any medications today? (circle one) Yes | No**
**If so, which ones? _____**

***Spay/Neuter Procedures Only: Do we have your permission to extract any deciduous (baby) teeth during the procedure for an additional cost? (circle one) Yes | No**

******We apologize for any inconvenience but we do not offer payment plans. ******

**Owner's Signature: _____ Date: _____**

**Phone number (**where you can be reached **today) _____**

**Non-elective surgery deposit: _____ Staff Initial:_____**