



Admitting Technician: _____

Hospital Admission/ Anesthetic Release Form

Owner Name: _____ Date: _____
Patient Name: _____ Weight: _____

Section 1: Patient Information

- Was your pet fasted (no food) over night? Yes No
- Has your pet taken any medications in the last 24 hours? Yes No
 - If yes what medications and what time? _____
- Has your pet experienced any illness or injuries in the last 30 days? Yes No
- Has your pet ever had any seizures or problems with anesthesia in the past? Yes No
 - If yes do you remember what drugs were used during anesthesia? _____

Section II: Procedure to be performed

I authorize and direct Prices Creek Veterinary Service to perform the procedures checked below:

Surgical Procedure: _____

Required Procedures: Anesthesia IV catheter IV Fluids if required Hospitalization if required
(Flea Policy: Hospitalized pets with fleas will be treated in the clinic at an additional cost)

Optional Procedures: Microchip Heartworm Test Feline Leukemia/Feline AIDS Test Biopsy Radiographs
 Basic Pre-Anesthetic Blood Screen Expanded Pre-Anesthetic Blood Screen I do not wish for my pet to have any pre-anesthetic blood screening Additional Requested Procedures: _____

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia we will perform a full physical examination. However, many conditions, including disorders of the liver, kidneys and blood are not detected unless blood testing is performed. A simple basic screen of major organ systems is the minimal recommendation for a pre-anesthesia screen. Pets of all ages benefit from the basic healthy pre-anesthesia blood screen. As our pets age, there is a greater chance of functional decreases in their bodies, just as in ours. Therefore, in middle aged and senior pets over 7 years old, we recommend an expanded profile of tests. In addition, the results of these tests will serve as reference values for future use if your pet becomes ill. Tests are run in our fully equipped laboratory. Results are immediately available before anesthesia and/or surgery.

Section III: Anesthesia/Sedation/Procedure Release Form

Although all Prices Creek's veterinarians and staff members take every precaution and uses up-to-date monitoring devices and surgical techniques, I understand that there are always potential risks using anesthesia or performing surgery on an animal and that medical results cannot be guaranteed. I further understand even with extreme care, rare adverse reactions, which are unpredictable, may occur with any anesthesia procedure. These reactions may include cardiac arrest, respiratory arrest, and death. **Initial:** _____

I understand that an attempt will be made to reach me by telephone for permission prior to any additional procedures different from those set forth above, unless an emergency situation with my pet prevents it. Additional non-emergency procedures will not be performed unless I have given prior permission. I give my permission to have my pet resuscitated if such unforeseen event occurs. **Initial:** _____ **Initial for Do Not Resuscitate:** _____

I hereby give my permission to have my pet anesthetized by Prices Creek Doctors and Staff for the procedure/treatment above by signing the line below.

Signature: _____ **Date:** _____

Emergency Contacts Name: _____ Phone Number: _____