

**FAMILY PET HOSPITAL  
TINY TOWN ANIMAL CLINIC  
SURGICAL/ANESTHESIA RELEASE FORM**

OWNER'S NAME:

PET'S NAME:

PROCEDURES AND TREATMENTS \_\_\_\_\_

WHEN DID YOUR PET EAT LAST? \_\_\_\_\_

Thank you for electing to have your pet's surgical, dental or other stated procedure(s) performed with Family Pet Hospital. To make the procedure as safe as possible, it is necessary for your pet to have the pre anesthetic blood profile to ensure your pet is healthy enough to withstand the performing the described procedure(s). These blood tests, performed here in the clinic in approximately 20 minutes, are used to evaluate kidney/liver function. These tissues play a vital role in ridding the body of the drugs used to anesthetize your pet for surgery and healing after surgery.

\*\*\*\*\* Required for pets over 7 years of age\*\*\*\*\*

Yes, I want the pre-anesthetic bloodwork performed on my pet, for an additional fee of \$79.43

No, I do Not want the pre-anesthetic profile performed on my pet.

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I the undersigned do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby authorize Dr. Jim Burchett and/or his associates and authorized agents to perform said surgical and/or anesthetic procedure described on my pet and to perform any other procedure or medical treatment deemed necessary by the veterinarian to preserve the life of my pet and will be responsible for the costs of such. I understand that preventative measures will be taken to prevent any unforeseen complications, however by signing this release form I understand the risks involved with anesthesia and surgical procedures on my pet and do hereby release the said doctor/agents and authorized servants from any liability arising from said surgery and/or anesthesia on my pet.

IV Catheter and fluids-\$81.33                      ACCEPT \_\_\_\_\_      REFUSE \_\_\_\_\_

Microchip- \$49.50 (with sedation)                      ACCEPT \_\_\_\_\_      REFUSE \_\_\_\_\_

Pain Management                                      Oral meds to go home - \$15-30  
ACCEPT \_\_\_\_\_      REFUSE \_\_\_\_\_

**\*\*\_\_\_\_\_Please initial here if you are aware that your pet(s) must be free of fleas and ticks. Otherwise they will be treated at an additional charge to you. All pets must be current on their annual vaccinations, including Rabies, Bordetella (within 6 months) and distemper/parvovirus.**

\*\*Has your pet had any medication today, if so please list \_\_\_\_\_

**ALL SERVICES MUST BE PAID IN FULL BEFORE PET IS RELEASED**

SIGNATURE OF PET OWNER/AGENT \_\_\_\_\_ DATE \_\_\_\_\_

BEST CONTACT NUMBER(S): \_\_\_\_\_