

# Stoneside Veterinary Hospital

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## Anesthetic/Sedation Release Form

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M CM F SF

Procedure(s): \_\_\_\_\_

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The time of my pet's last meal was: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Has your pet had aspirin or any other medicine within the past 48 hours? YES or NO

Which medication(s) – How much and when? \_\_\_\_\_

I have noticed the following symptoms in my pet: ( ) coughing ( ) sneezing ( ) vomiting ( ) diarrhea  
( ) other: \_\_\_\_\_

( ) I have not noticed any abnormalities with my pet in the last 48 hours

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I certify that I am the owner, or authorized agent for the owner, of the above animal. I hereby consent to and authorize the doctors and staff at Stoneside Veterinary Hospital to admit this pet, perform the above described procedures, and administer medications, anesthesia, surgical procedures, tests and/or treatments that the doctors deem necessary for its health, safety and well-being while under their care and supervision. I have been advised of the nature of the procedures and the potential risks and benefits. I understand that veterinary medicine is an inexact science and that no guarantee of successful treatment can be made. I also understand that if fleas or ticks (or signs of these) are found on my pet, treatment will be administered at my cost.

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Owner or Authorized Agent

In case of an emergency, I can be reached at the following number(s): \_\_\_\_\_

If I am not available, please call my alternate contact: \_\_\_\_\_

**\*\*PLEASE SEE REVERSE SIDE TO MAKE OPTIONAL PRE-ANESTHETIC CHOICES AND REVIEW ANY AGED BASED REQUIREMENTS FOR YOUR PET\*\***

**Pre-Anesthetic Lab Work and Services**

If your pet is undergoing an anesthetic procedure, rest assured that advances in anesthesia, anesthetic monitoring, and surgery have made procedures safer with a low rate of complications. Nevertheless, some obscure conditions can be detected only by diagnostic testing. Because of this we highly recommend pre-anesthetic screening tests. These tests will give information on hydration status, anemia, infection, the blood’s clotting ability, and the ability of the immune system to respond. These tests also evaluate kidney and liver function, diabetes, as well as values that can affect the heart function.

**The cost for blood chemistries, complete blood count, and electrolyte testing is \$89.30. This test is REQUIRED for all pets considered “senior” (any pet over 5 years of age).**

Heartworm test\_\_\_\_\_

**Cats only** – Feline Leukemia Virus/FIV testing \_\_\_\_\_

I have been advised of this additional cost and consent to having these tests performed.

Please initial here: YES\_\_\_\_\_ NO\_\_\_\_\_

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**Additional Services**

**Please check on the line of the additional services and items you wish to add while your pet is here.**

**Microchipping**

Microchipping pets involves inserting a rice-like microchip under your pet’s skin. This chip then holds your pet’s identity for life. If your pet is ever lost and an animal shelter or veterinary practice finds it, the law requires that all pets be scanned for a microchip before they are adopted out or euthanized. **The cost for this procedure is \$49.00.** I agree to have a microchip inserted.

Please initial here: YES\_\_\_\_\_ NO\_\_\_\_\_

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**Deciduous (Baby) Teeth Extraction for Small Breed Dogs**

Small breed dogs often suffer from retained deciduous (baby) teeth after their adult teeth grow in. This condition creates overcrowding of teeth, retention of food or other debris between the teeth, and tarter build up. This, in turn, leads to bad breath and damage to gums and adult teeth. We strongly recommend that these deciduous teeth be extracted while your pet is under anesthesia to avoid future complications. The cost for this procedure is based on the number to teeth extracted, but **usually ranges from \$10.00 to \$50.00.** If my pet has this condition, I consent to have this procedure performed.

Please initial here: YES\_\_\_\_\_ NO\_\_\_\_\_

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**Dewclaw Removal**

Dewclaws, also known as a dog's “thumb”, refers to the 1st digit found on the foot of most mammals, reptiles, and birds. It normally grows high on the animal's leg and can raise the risk of injury to your pet.

Please initial here: YES\_\_\_\_\_ NO\_\_\_\_\_

*I have read and understand the options offered to me, and have chosen the options I wish to have performed on my pet. I understand that I am responsible for the additional fees incurred by choosing these options.*

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date