

ANESTHETIC AND SURGERY RELEASE

I _____ HAVE THE AUTHORITY TO AUTHORIZE ANETHESIA AND SURGERY FOR THIS ANIMAL. I AUTHORIZE THE DRS. OF HAUGHTON ANIMAL HOSPITAL TO PERFORM PROFESSIONALLY ACCEPTED ANESTHETIC PROCEDURES NECESSARY FOR THIS ANIMALS TREATMENT. I AUTHORIZE THE PERFORMANCE OF SUCH PROCEDURES AS ARE NECESSARY AND DESIRABLE IN THE EXERCISE OF THE VETERINARIANS JUDGEMENT. I HAVE BEEN ADVISED AS TO THE NATURE OF PROCEDURES AND RESULTS CANNOT BE GUARANTEED. ALL ANIMALS TO BE TRANQUILIZED OR ANESTHETIZED FOR SURGERY SHOULD BE FASTED FOR AT LEAST TWELVE HOURS PRIOR TO THE PROCEDURE. IF IT IS ELECTED TO PROCEED WITH TRANQUILIZATION OR ANESTHESIA AND SURGERY WITHOUT FASTING THE ANIMAL, THE OWNER ACCEPTS ALL RESPONSIBILITY FOR THE ADVERSE OUTCOME. I HAVE READ AND UNDERSTAND THIS AUTHORIZATION CONSENT.

SIGNATURE DATE

NAME OF PET PROCEDURE

SPECIES [DOG, CAT, ETC.] BREED
COLOR

**PLEASE NOTE:
HOSPITAL WILL NOT BE LIABLE FOR ANY ITEMS LEFT W/PETS
[CARRIERS, LEASHES, COLLARS, BEDDING, TOYS, ETC.]**

WE STRONGLY RECOMMEND A PRE-OPERATIVE LABORATORY WORKUP TO EVALUATE LIVER AND KIDNEY FUNCTION THAT WOULD HELP IDENTIFY POTENTIAL ANESTHETIC RISKS PRIOR TO ANESTHETIA AND SURGERY. THE ADDITIONAL COST OF THIS PROCEDURE IS \$60.00. FAILURE TO CIRCLE AND INITIAL CONSTITUTES REFUSAL OF THIS PROCEDURE.

PLEASE CIRCLE ONE- [YES] [NO] INITIAL _____

WOULD YOU LIKE YOUR PET TATTOOED FOR IDENTITY PURPOSES? [YES] [NO]
IF SO, WHAT WOULD YOU LIKE TATTOOED? CHOICE OF LETTERS OR NUMBERS.
[4 ONLY] _____ IT WILL BE PLACED IN THE EAR.