

ANESTHESIA / SURGERY RELEASE Procedure: _____

Owner's Name: _____ Date: _____

Pet's Name: _____ Cage # _____

Time of last food: _____ water: _____ On any medication? _____

If yes, name of med and last time given: _____

Surgeries are performed by the first veterinarian available. If you have a veterinarian preference, please tell the receptionist. Please be advised that if your veterinarian of choice is busy, your pet's surgery may be done later in the day.

Any other treatments needed while here? _____

Would you like to get your pet microchipped today? _____

Any belongings left with your pet? _____

List anyone else authorized to pick up your pet today: _____

A **PRE-ANESTHESIA BLOOD SCREEN** is recommended for all pets but is required for pets 7 years of age and older, prior to anesthesia. If all of the tests are normal, it does not guarantee that your pet will not have an anesthetic reaction, but it does tell us that your pet is healthy and in a low risk category. If any of the test results are abnormal, the doctor will call you to discuss how to proceed. This Blood Screen includes the following tests:

COMPLETE BLOOD COUNT: Detects anemia, infections, and clotting disorders.
BUN and CREATININE: assess kidney function. GLUCOSE: detects diabetes.
ALT and ALKP: assess liver function. TOTAL PROTEIN: detects dehydration.

PLEASE CHECK ONE: _____ I want Blood Screen
 _____ I decline Blood Screen
 _____ Blood Screen was done within past 30 days.

I hereby certify that I am the owner of (or duly authorized agent for the owner) of the above mentioned pet, and do hereby give Novey Animal Hospital permission to perform any other procedures that may be necessary to promote the health of my pet. I understand that all reasonable precautions will be used to prevent the injury, escape, or death of my pet, and I do hereby release Novey Animal Hospital and its employees or representatives from any liability arising from said procedures on said animal.

Signature

Phone # today