

## CANINE ANESTHESIA/ SURGERY RELEASE FORM

Owner's Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

I authorize Country Hills Veterinary Clinic to perform the following anesthetic operation on my pet:

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Your pet is scheduled for surgery. **Our doctors recommend a blood profile to ensure that your pet is in a low risk category prior to anesthesia.** This is especially important for dogs over 7 years of age. Some pets may have pre-existing internal problems that produce surgical complications that may not be apparent on physical exams. These problems include anemia, abnormal clotting, and problems with the liver, kidney, or other organ conditions. Please accept or decline these services as indicated below.

**Blood Profile #1 (Pets up to 7 years of age)**

*Checks liver, kidney enzymes, glucose level  
Plus a complete blood count*

Accept \_\_\_\_\_ Decline \_\_\_\_\_

**Blood Profile #2 (Pets 7+years of age)**

*Checks same as above, more extensive  
Includes pancreatic, electrolytes*

Accept \_\_\_\_\_ Decline \_\_\_\_\_

*All dogs are required to be current on all vaccinations including Rabies, Bordetella , and DHLPPC before any pre-anesthetic procedure. Our doctors recommend that all dogs be tested for heartworms before anesthesia, since heartworm disease can increase the risk of complications. There is also an additional charge for any dog that is in heat, pregnant, obese, aggressive or requires any alternate anesthetic in addition to the usual anesthetic. Fecal examination is also recommended to check for internal parasites.*

**Heartworm Test**

Accept \_\_\_\_\_

Decline \_\_\_\_\_

**Fecal Examination**

Accept \_\_\_\_\_

Decline \_\_\_\_\_

**Rattlesnake Vaccination**

Accept \_\_\_\_\_

Decline \_\_\_\_\_

**Home Again Microchip ID**

Accept \_\_\_\_\_

Decline \_\_\_\_\_

Pain medication is available for your pet post operation to take home.

**Previcox 57mg (up to 25lbs)**

Accept \_\_\_\_\_

Decline \_\_\_\_\_

**Previcox 227mg (26 lbs +)**

Accept \_\_\_\_\_

Decline \_\_\_\_\_

**Oral antibiotics**

Accept \_\_\_\_\_

Decline \_\_\_\_\_

I understand that during the course of operation, unforeseen conditions may arise that may necessitate the emergency performance of additional procedures. Country Hills Veterinary Clinic has my permission to follow through with such procedures for the well being of my pet.

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_