



MOUNTAIN VIEW
VETERINARY HOSPITAL

Anesthesia Release for Surgery/Dentals

Owner/Authorized Agent _____ Date _____

Telephone Number: Contact #1 _____ Contact #2 _____

Animal's Name _____ Dog _____ Cat _____

Reason for Admission _____

Current on Vaccinations (____) Yes (____) No, Please Update

If not current on vaccinations, we require that your pet be updated for his/her own protection. If your pet has evidence of fleas, we will need to discuss treatment.

Please indicate if you would like any of the following services performed while your pet is with us:

- | | | |
|---|---|---|
| <input type="checkbox"/> Express Anal Glands | <input type="checkbox"/> Decline Nail Trim | <input type="checkbox"/> Heartworm Test |
| <input type="checkbox"/> Permanent ID (microchip) | <input type="checkbox"/> Fecal Exam | <input type="checkbox"/> Feline Leukemia Test |
| <input type="checkbox"/> Flea Control | <input type="checkbox"/> Heartworm Control | <input type="checkbox"/> Medication Refill: _____ |
| <input type="checkbox"/> Other _____ | | |

In the case of something unforeseen:

I authorize the doctor to perform any treatments/oral surgery (i.e. extractions) necessary up to \$ _____.

I wish to be contacted before any additional treatments/procedures are done:

If unable to reach please continue up to \$ _____ / discontinue _____

In the unlikely event that my pet has a cardiac arrest or other life threatening medical occurrence, I DECLINE cardio-pulmonary resuscitation

(DNR) _____

Signature

Consent for anesthetic procedure:

I am the owner/agent of the animal named above. I have the authority to sign this consent and am over the age of 18. I hereby authorize the veterinarians of Mountain View Veterinary Hospital to perform the above described procedure. I understand the nature and purpose of the procedure and the inherent risks involved in the aforementioned procedure and that no guarantee exists in regards to the result of diagnosis and treatment of my animal.

I agree to pay in full, for services rendered, including any additional treatments deemed necessary for any complications or unforeseen circumstances. I am aware that complications may arise that require emergency treatment or intervention other than those being authorized. I authorize such procedures if reasonable efforts made to contact me for further consent are unsuccessful.

I have read and understand this consent:

Owner/Agent's Signature

Date