

Mountain View Veterinary Hospital

Anesthesia Release

Owner/Authorized Agent _____ Date _____

Telephone Number: Home _____ Work _____ Mobile _____

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"/> Nail Trim | <input type="checkbox"/> Heartworm Test |
| <input type="checkbox"/> Full Physical Exam | <input type="checkbox"/> Permanent ID (microchip) | <input type="checkbox"/> Fecal Exam |
| <input type="checkbox"/> Feline Leukemia Test | <input type="checkbox"/> Complete Dental Exam/Cleaning | <input type="checkbox"/> Flea Control |
| <input type="checkbox"/> Heartworm Control | <input type="checkbox"/> Medication Refill: _____ | <input type="checkbox"/> Other _____ |

It is medically advisable to perform pre-anesthesia blood tests before general anesthesia. Knowing how certain body organs, such as the liver and kidneys, are functioning is important when your pet has to undergo anesthesia. Our hospital laboratory is fully equipped to perform these tests. Results will be available to your doctor prior to your pet being anesthetized.

(____) Yes (____) No, I understand the recommendation, but decline. (Please initial one or the other)

In the case of something unforeseen:

I wish Mountain View Veterinary Hospital to do any necessary treatment they deem necessary up to \$_____.

I wish to be contacted first and if I am unable to be contacted I authorize Mountain View Veterinary Hospital to do any treatment they deem necessary up to \$_____.

I wish to be contacted and if I am unable to be contacted I do not authorize Mountain View Veterinary Hospital to do any treatment that exceeds \$150.00 total.

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

(DNR) _____
Signature

Mountain View Veterinary Hospital is to use all precaution against injury, escape or death of my pet. Mountain View Veterinary Hospital will not be held liable or responsible in any manner whatsoever, or under any circumstances in connection therewith.

I have read the foregoing and agree:

Owner/Agent's Signature

Date

Payment is due in full when services are rendered.