

Sunset Blvd. Animal Clinic  
Anesthetic and Surgical Consent and Release Form

Pet's Name \_\_\_\_\_ Client Name \_\_\_\_\_ Date \_\_\_\_\_

Weight \_\_\_\_\_ Doctor \_\_\_\_\_ Initials \_\_\_\_\_ Vaccinations current: YES NO

Procedure(s) **Spay** **Neuter** **Declaw** **Dental** **Growth Removal:** \_\_\_\_\_

Annuals                      Shave                      Express Anal Glands                      Other: \_\_\_\_\_  
Semi-Annuals                      Bath                      Nail Trim

\_\_\_ Yes \_\_\_ No Has your pet eaten in the past 8 hours?

\_\_\_ Yes \_\_\_ No Would you like a Microchip implanted today? A microchip is a permanent identification method which will aid in reuniting you and your pet if you should ever become separated. The cost for the Microchip and lifetime registration is \$75.80.

All pets admitted for a surgical procedure will also receive: a pre-surgical exam, pre-anesthetic blood testing (if not already performed), intravenous catheter and fluids, post-surgical supervision, pain management and histopathology if necessary.

\_\_\_ I acknowledge that I have read and understand the handout "What to Expect on Surgery Day" which outlines the above items and pre-surgery instructions.

**DENTAL WORK:** During the pre-anesthetic exam or during the anesthetic procedure, the doctor may discover that additional treatments are warranted for your pet's dental health. For example; your pet may have fractured, loose or baby teeth that need extracting.

\_\_\_ I authorize extractions be performed at the doctor's discretion (charges will be incurred for extractions)

\_\_\_ I authorize the use of periodontal disease antibiotic therapy if necessary. (charges will be incurred)

\_\_\_ I do NOT want any dental work performed at this time, regardless of the severity of periodontal disease.

I also understand my pet may have recurring infections if a dental disease is left untreated.

I realize that results cannot be guaranteed and understand there is always a risk of side effects, including death, associated with all anesthetic agents and surgical procedures. I give my consent for the doctor to perform any medical or surgical procedures necessary for my pet's health should unforeseen conditions arise. I agree to be held responsible for all charges incurred while my pet is in the care of SBAC.

Charges for services rendered, medicine, and supplies delivered are due upon receipt of the invoice. Payment can be made by cash, check, or credit card. There will be a \$25.00 fee charged to you for all checks returned to us unpaid by our bank. Invoice account balances remaining unpaid 30 days after the date of the invoice will bear interest thereafter at the rate of \$8.50 per month.

\_\_\_\_\_  
I have read and understand all information cited above

\_\_\_\_\_  
Emergency Phone Number