

Cool Springs Animal Hospital
Dr. Richard A. Jones
Dr. Hayley Phipps
Anesthesia/ Surgical Release Form

Date: _____

Owner Name: _____

Pet: _____ Age: _____

Contact number for today: _____

Last meal/water: _____

Appetite, Attitude, has been normal? **YES** **NO**: _____

Any coughing sneezing, vomiting or diarrhea: **YES** **NO**: _____

If here today for a spay, is pet in heat or pregnant? **YES** **NO**

I consent and authorize *Cool Springs Animal Hospital* to perform the following procedure(s) or operation(s) on my pet:

Procedure(s): _____

I understand that all reasonable care and precautions will be taken in performance of the procedures. I understand that with any medical procedure, there are some risks involved and I accept responsibility for those risks.

Pre-anesthetic Bloodwork:

We recommend a *pre-anesthesia blood panel* on all pets prior to anesthesia. Most anesthetic drugs are removed from the body by the liver and kidneys; therefore it is important that these organs are healthy. The following tests are included in the pre-anesthesia blood panel:

- 1. Alkaline Phosphatase/ ALT – Detects liver damage
- 2. Total Protein – Liver function test
- 3. BUN/ Creatinine – Kidney function test
- 4. Glucose – Blood sugar level to detect diabetes
- 5. CBC – Detects anemia and infection

The cost for this profile is **\$84.00**

We suggest that these tests (which are run in-house) be performed prior to anesthesia. This blood work is required for any animal **OVER 7 YEARS OLD**, unless recent blood work has been performed in the last 3 months, with normal results, or otherwise okayed by the doctor.

I Accept _____

I Decline _____

I would like to have the additional following elective procedures performed today:

- 1. Nail Trim – no charge _____
- 2. Ear Cleaning – **\$11.90** _____
- 3. Anal Glands Expressed – **\$11.90** _____
- 4. Home Again Microchip implantation - **\$60.00** _____

I understand the procedures to be performed and the risks involved. I also authorize the doctors and staff to perform any life saving procedures deemed necessary in the event of an emergency. I further understand that no guarantee of successful treatment is made. I certify that I have read and understand this release, and furthermore I assume full financial responsibility for all charges related to the above procedures.

Owner/Agent Signature _____