



Compassionate Care with a Personal Touch

ANESTHESIA/SURGICAL RELEASE FORM

I _____ AM THE OWNER (OR OWNERS AGENT) OF _____. I UNDERSTAND THAT I AM AUTHORIZING PERFORMANCE OF THE FOLLOWING PROCEDURE(S):

PROCEDURES(S)

All surgical procedures including dentistry are done under general anesthesia and include IV fluids and, anesthetic monitoring (EKG/Pulse oximetry/Blood pressure). All patients will be given antibiotics, pain medicine, and dental home care products if indicated at additional cost. Pre-surgical blood work is required for all patients and must be no more than one month prior to any surgical procedure. If your pet has not had blood work, a pre-anesthesia blood test will be performed the day of surgery to check your pet's vital organ function and blood count. The cost is \$83.00.

Orthopedic radiographs are done under injectable sedation and include a full orthopedic exam.

I WOULD LIKE THE FOLLOWING ADDITIONAL ELECTIVE PROCEDURES PERFORMED:

_____ **MICROCHIP IMPLANTATION:** Very few lost pets find their way home without permanent identification. We can implant a HOMEAGAIN MICROCHIP while your pet is here. The cost is \$55.00

_____ **Pre-anesthesia EKG** is recommended the day of surgery to check your pet's heart health. The cost is \$80.00.

_____ COMPLIMENTARY NAIL TRIM

_____ COMPLIMENTARY EAR CLEANING

_____ COMPLIMENTARY ANAL SAC EXPRESSION

FURTHERMORE, I UNDERSTAND THAT DURING THE PERFORMANCE OF THE PROCEDURE(S) THAT I HAVE AUTHORIZED, UNFORESEEN CONDITIONS MAY ARISE. THEREFORE, I HEREBY CONSENT TO AND AUTHORIZE THE PERFORMANCE OF SUCH PROCEDURES AS ARE NECESSARY IN THE VETERINARIAN'S PROFESSIONAL JUDGMENT. I ALSO DO HEREBY ACKNOWLEDGE THAT I UNDERSTAND THAT THERE ARE NO GUARANTEES, EITHER EXPRESSED OR IMPLIED THAT THE PROCEDURES AUTHORIZED WILL BE WITHOUT COMPLICATIONS FROM EVENTS BEYOND THE VETERINARIAN'S AND HOSPITAL'S CONTROL.

SIGNATURE _____ DATE _____

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