

# Just For Paws Veterinary Hospital Anesthesia/Surgery Release Form

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_  
Pet's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

## **Please read carefully and sign:**

If your pet needs anesthesia, we require an organ evaluation to check your pet's organ health in order to reduce the risks associated with anesthesia. The latest technology enables us to run accurate organ chemistries immediately prior to anesthetic induction. These tests are similar to those that your physician would do if you were going under anesthesia. These test results will also serve as future reference values should your pet become ill. **Understand that there are always risks associated with anesthesia, no matter the age or physical condition, and that not all risk factors are evident on physical exam.**

### **Juvenile Pre-Op Organ Profile for Healthy Patients less than 1 year:**

Includes: \*PCV (red blood cell percentage) \*BUN & Creatinine (kidney) \*ALT & ALKP (liver)  
\*Glucose (blood sugar) \*Total Protein, Albumin, & Globulin (blood proteins)

### **Pre-Op Organ Profile for Healthy Patients 1-6 years:**

Includes the Juvenile Pre-Op Organ Profile plus: \*CBC (complete blood count including platelets)  
\*Sodium, Potassium, & Chloride (electrolytes)

### **General Organ Profile for Healthy patients 7 & older and any sick patients regardless of age**

Includes the Pre-Op Organ Profile plus: \*GGT, AST, & Total Bilirubin (liver)  
\*Cholesterol \*Calcium \*Phosphorus (kidney) \*Amylase & Lipase (pancreas)

## **Microchipping**

YES, I am interested in permanent identification tag that is being used nationwide to identify my pet for life called the Home Again Microchip. This system is a virtually painless, safe, preprogrammed identification chip that is placed under the skin and contains information needed to reunite you and your pet should (s)he become lost. It also serves as proof of ownership..... **Cost \$50.00** \_\_\_\_\_

## **Authorization**

I hereby consent to and authorize examination, treatment, and anesthesia/surgery of my pet, per the attached treatment or surgical plan, employing all reasonable precautions against injury and escape. I understand that I assume all ordinary risks. I have been advised as to the nature of the procedure or operation and the risks involved. I realize that results cannot be guaranteed.

## **Paying For Services**

For veterinary service received in the treatment of any of my animals, I agree to pay the charges that are due on terms stated in the attached treatment/surgical plan signed by me. I understand that circumstances may prevent me from being present for all such services rendered. I may pay by cash, personal check, Visa, MasterCard, Discover, American Express or Care Credit, a financing institution. **In order to avoid misunderstanding, please let us know immediately if these terms are not satisfactory.** I understand that as the owner or representative of this pet, I am financially responsible to Just For Paws Veterinary Hospital for all applicable charges relating to this animal. If my payments are in arrears, and if the hospital deems the need for the services of a collection agency or attorney to be needed, I agree that the total fees paid to the agency, or the attorney, may be added to my account. This agreement is made at Just For Paws Veterinary Hospital in the City of Littleton and in Jefferson county.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_