

Chase Animal Hospital

1760 Highway 72 East Huntsville, AL 35811
 (ph) 256.851.7297 (f) 256.851.7298

General Anesthesia Release Form

As the owner, or authorized agent for the owner, I hereby consent and authorize Chase Animal Hospital to receive, prescribe for, treat and/or operate upon: _____

Animal's Name

I understand that some degree of inherent risk is present in the use of drugs, anesthesia or surgery. I understand all animals must be currently immunized within the last 12 months against contagious diseases and free of external parasites. I understand any deficiencies will be brought up to date at your discretion and I am responsible for any additional charges.

Signed

Date

At what time did your pet last have anything to eat?

Has your pet had any health problems, recent serious illness or injury? If so, please describe:

Does your pet have any known drug allergies? If so, please list:

Please List All Current Medications Including Heartworm Prevention

Name of Medication:	Strength	Dosage	Frequency	Date and Time Last Given

Pre-Anesthetic Blood Panel - This requires a small blood sample that is used to test for any abnormalities in vital organ function that are undetectable with a physical examination. Should the test detect any abnormalities, our veterinary staff can adjust the anesthesia accordingly. This procedure is highly recommended by our veterinarians to ensure the safest protocol for your pet.

I accept this service **OR** I decline this service

Pain Medications - Pain medications are always administered prior to surgery, but you also have the option of pain management at home to lessen discomfort that may occur after surgery and improve healing. Pain medications, to be administered at home, may be required depending on the procedure to be performed. If recommended,

I accept this service **OR** I decline this service

Datamar Microchip Implant - Giving you the best chance to be reunited with your pet should it become lost

The cost of this service includes the price of your registration.

I accept this service I decline this service

Would you like for us to implant a microchip?

Yes No

Estimate requested and received?

Yes No Declined

Would you like to be contacted after the procedure?

Yes No

If yes, how may we contact you? _____