

WHITESBURG ANIMAL HOSPITAL, PC & THE LODGE AT WHITESBURG
Uniting the Art of Caring with the Science of Medicine

Anesthetic/Sedation Surgery Release Form

| | | |
|-------------------------------|--|---------------------------------|
| Owner: | | Patient: |
| Phone Number: | | Alternate Phone Number: |
| | Procedure to be performed: | |
| Time patient last ate: | | Time patient last drank: |
| | Describe any health problems, recent illnesses or injuries: | |
| | List and describe known allergies: | |

List All Medications (including heartworm prevention)

| Medication | Strength | Dosage | Frequency | Date & Time Last Given |
|------------|----------|--------|-----------|------------------------|
| | | | | |
| | | | | |
| | | | | |

Our High Standard of Care Includes:

- Pre-anesthetic bloodwork to evaluate organ function
 Bloodwork performed within the last 30 days may serve as pre-anesthetic bloodwork if within normal limits
- Electronic and manual monitoring during anesthesia and recovery
- Intravenous catheter and fluids to maintain blood pressure and support organ function
- Pain management during hospitalization and home recovery

Optional Service

Home Again Microchip Insertion and Registration – To identify your pet should they become lost Accept Decline
 Nail Trim Accept Decline

I hereby consent and authorize Whitesburg Animal Hospital, PC to receive, prescribe for, treat and/or operate upon:

| | |
|--|-------------|
| Animal's Name | Age |
| <p>Whitesburg Animal Hospital, PC will use all reasonable precaution against injury or escape. I understand some degree of inherent risk, including death, is present in the use of drugs, anesthesia and surgery. I also understand all animals must be currently immunized against contagious diseases and all canines must have a heartworm test with results below detectable limits within the last 12 months. I authorize Whitesburg Animal Hospital, PC to bring any deficiencies up to date. I assume all financial responsibility and understand that payment in full is due when my pet is discharged.</p> | |
| Signature of Owner | Date |

Treatment Plan: Received Declined Technician: _____



8407 Whitesburg Drive SE - Huntsville, AL 35802
Phone: 256.882.0950 Fax: 256.882.2229
Email: HappyPet@WhitesburgAnimalHospital.com
Website: WhitesburgAnimalHospital.com

To Be Completed By WAH Staff

| | | |
|--|--|--------------------|
| Patient: | Doctor: | Technician: |
| Client # | Procedure: | |
| Vaccinations: <input type="checkbox"/> Current <input type="checkbox"/> Update | HW Test: <input type="checkbox"/> Current <input type="checkbox"/> Update | |
| Pre-Anesthetic Bloodwork: <input type="checkbox"/> Current <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal | <input type="checkbox"/> Update | |

IV Emergency Drug Dosages

| | |
|-------------------------|--------------------------|
| Atropine: | Lidocaine: |
| Epinephrine Low: | Epinephrine High: |

Pre-Anesthetic Physical Examination

| | | |
|--------------------------|--------------------------|---------------------|
| Weight in Pounds: | Kilograms: | Temperature: |
| ASA Class: | Heart Rate: | |
| Pain Score: | Respiratory Rate: | |
| Notes: | | |

| | |
|--|----------------------|
| IV Catheter Gauge: | Placement: |
| Fluid Type: | Rate: |
| Endo Tube Size: | Bag Size: |
| Gas: <input type="checkbox"/> Isoflurane <input type="checkbox"/> Sevoflurane | O2 Flow Rate: |

Medications

| | Name | Amount | Route | Site | Time |
|-------------------|------|--------|-------|------|------|
| Pre-Med | | | | | |
| Induction | | | | | |
| Pain | | | | | |
| Antibiotic | | | | | |
| Other | | | | | |

| | | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Time | | | | | | | | | | | | | |
| Vaporizer | | | | | | | | | | | | | |
| Temp | | | | | | | | | | | | | |
| HR | | | | | | | | | | | | | |
| RR | | | | | | | | | | | | | |
| BP | | | | | | | | | | | | | |
| MAP | | | | | | | | | | | | | |
| SP02 | | | | | | | | | | | | | |
| C02 | | | | | | | | | | | | | |

CRI

| | |
|---|---|
| Fluids: <input type="checkbox"/> LRS <input type="checkbox"/> NaCl | Bag Size: <input type="checkbox"/> 250 mL <input type="checkbox"/> 500 mL <input type="checkbox"/> 1000 mL |
| <input type="checkbox"/> Morphine Mg Added: | <input type="checkbox"/> Hydromorphone Mg Added: |
| <input type="checkbox"/> Lidocaine Mg Added: | <input type="checkbox"/> Ketamine Mg Added: |

| | | | | | | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Time | | | | | | | | | | | | | |
| Rate | | | | | | | | | | | | | |
| Pain Score | | | | | | | | | | | | | |

| |
|--------------------------|
| Notes: |
| AM Post-Op Notes: |

WHITESBURG ANIMAL HOSPITAL, PC & THE LODGE AT WHITESBURG

Uniting the Art of Caring with the Science of Medicine

Billed Estimate Compared to Bill Anesthesia/Controlled Drug Log Histopath Sent Medication Form Completed
 Notes Entered Medications Filled Labs Charted Plan Entered Post-Op Notes Entered Ready for Discharge



8407 Whitesburg Drive SE - Huntsville, AL 35802

Phone: 256.882.0950 Fax: 256.882.2229

Email: HappyPet@WhitesburgAnimalHospital.com

Website: WhitesburgAnimalHospital.com