

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

Anesthesia Release Form

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

_____ **Animal's Name**

_____ **Age**

You are to use all reasonable precaution against injury or escape. I understand that some degree of inherent risk is present in the use of drugs, anesthesia or surgery. **I understand that all animals must be currently immunized within the last 12 months against contagious diseases and all canines must have been checked and found negative for heartworms in the last 12 months.** You have my permission to bring any deficiencies up to date at your discretion.

_____ **Signed**

_____ **Date**

For The Health of Your Pet, We Perform the Following:

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

What procedure are we performing on your pet today?

At what time did your pet last have anything to eat and/or drink?

Has your pet had any health problems, recent serious illnesses or injuries? If so, please describe.

Does your pet have any known drug allergies? If so, please describe.

Please List All Medications Including Heartworm Prevention

Name of Medication	Strength	Dosage	Frequency	Date & Time Last Given

Would you like for us to implant a Home Again 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? _____

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