

Animal Medical Services
7134 E. Mercer Lane Scottsdale, AZ 85254
480-948-1420
www.AMScottsdale.com

Anesthesia/Treatment Release

Client: _____ Patient: _____ Date: _____

Phone # where you can be reached today: _____

Emergency contact and phone # (if other than above): _____

Procedure(s) to be performed today: _____ Estimated Cost _____

We recommended that all pets be permanently identified with a microchip. Placement of a microchip under anesthesia costs \$49 (regularly \$59). **Would you like us to place a microchip today?** Yes No

I am the owner or agent of this animal and have full authority to execute this agreement. I authorize Animal Medical Services its veterinarians, and employees under veterinary supervision to perform the procedure(s) outlined above. I understand that during the performance of this/these procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance of the procedure(s) set forth above. I expect Animal Medical Services to use reasonable care and judgment in performing the procedure(s), and I understand that a reasonable attempt will be made to contact me if expected fees will exceed estimated costs by more than 15% or more. The nature of the procedure(s) and risks involved have been explained to me, and I realize that favorable results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable cost incurred regarding the animal. I understand that I am financially responsible to Animal Medical Services for all applicable charges related to this animal and that they are **due in full** when the animal is discharged. I understand that any animal left in the care of Animal Medical Services for more than 5 days after recommended veterinary discharge, will be deemed abandoned and become the property of Animal Medical Services and will be disposed of as seen fit. I understand that I will still be financially responsible for all charged incurred plus boarding fees from the time of recommended discharge.

Pre-Anesthetic Blood Testing Consent

Like you, our greatest concern is the well being of your pet. All patients undergoing anesthesia will receive a pre-surgical exam by a veterinarian. Recent advances in anesthesia and surgery techniques have made a routine procedure(s) relatively safe with a low rate of complications. Nevertheless, occasional problems can and do arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. Please initial the appropriate space indicating you have read and understand the following:

_____ **Canine patients 7 years of age or older and Feline patients 9 years of age or older** are far more likely to have undetected conditions. To help detect conditions such as anemia, dehydration, diabetes, thyroid disease and liver and kidney disease that can complicate the procedure, **Senior Screening Blood Work**, which includes a full blood chemistry panel, a thyroid check and a complete blood count, as well as IV catheter placement and fluid administration **will be performed on your animal prior to anesthesia (and you will be charged for them).**

For our juvenile and young adult patients (canines under 7 years and felines under 9 years), to help detect conditions such as anemia, dehydration, diabetes, and liver and kidney disease that can complicate the procedure **the following tests will be performed on your animal (and you will be charged for them)** prior to anesthesia.

_____ **For Healthy Patients**, we will check the following: BUN, Creatinine, ALKP, ALT, Blood Glucose, Total Protein, and Complete Blood Count. This enables us to evaluate liver and kidney function, blood glucose level, and red/white blood cell count prior to anesthetic administration. These are indicators of the patient's general health and ability to metabolize anesthetic drugs.

_____ **Intravenous Catheter and Fluid Administration.** This helps maintain blood pressure and hydration during surgery and is a safety precaution in case of an emergency situation.

Signature of Owner/Agent: _____