

**Animal Medical Center of Plano  
Surgery and Anesthesia Release Form**

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Time of last meal: \_\_\_\_\_ AM/PM      Items left with Pet: \_\_\_\_\_

Procedure(s): \_\_\_\_\_

Is pet current on required vaccinations?

|      |              |   |                   |   |
|------|--------------|---|-------------------|---|
| Dogs | RV, DHPP, KC | Y | Date Given: _____ | N |
| Cats | RV, FVRCP-C  | Y | Date Given: _____ | N |

Any time an animal undergoes anesthesia, pre-anesthetic blood screening is recommended as a precautionary measure to assess organ function before and after the procedure (regardless of age). Abnormal results may result in postponement or cancellation of procedure or further tests to evaluate the problem.

Yes, please run pre-anesthetic blood work on my pet (kidney function, liver enzymes, blood glucose, total protein, CBC)

No, I decline pre-anesthetic blood testing

Would you like for us to install a Home Again microchip while your pet is under anesthesia? This is a tiny chip (about the size of a grain of rice) injected under the skin that, when scanned, provides a permanent identification number that is registered **(by the client)** with "Home Again". All animal shelters and veterinary clinics scan for these chips when a pet is found. In addition to the clinic's fee of \_\_\_\_\_, there will be an annual fee of \_\_\_\_\_ payable to Home Again.

Yes, please install a permanent identification microchip.

No, thank you.

Would you like an estimate for the surgery?

Yes      **\*\*Please note this is an estimate only.\*\***

No, I'm comfortable with the doctor proceeding as discussed.

Complications, including death, may occur with any anesthetic, surgery, or procedure. Other complications, such as vomiting, wound infection/dehiscence may occur. There is NO guarantee of cure or successful outcome.

I, the undersigned owner or authorized agent, hereby authorize the admitting veterinarian (and his/her associates or assistants) to administer such treatment, surgery or anesthetics as are necessary to perform the above procedures, and additional procedures that are considered therapeutically and/or diagnostically necessary. I assume responsibility for all charges incurred on behalf of my pet and agree to pay all associated charges at the time of release of same. I hereby certify that I have read and understand the authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Contact #: \_\_\_\_\_