

Creature Comforts Animal Hospital, Inc.
2478 Patterson Road, Suite 14-Grand Junction, CO 81505
(970) 263-8882
www.CreatureComfortsAH.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: _____

I am the owner or agent of this animal and have full authority to execute this agreement. I authorize Creature Comforts Animal Hospital, 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 Creature Comforts Animal Hospital 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%. 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 Creature Comforts Animal Hospital 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 Creature Comforts Animal Hospital for more than 5 days after recommended veterinary discharge, will be deemed abandoned and become the property of Creature Comforts Animal Hospital 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:

_____ **Blood Work & an IV catheter will be performed on your animal prior to anesthesia (and you will be charged for them).**

For All 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 Fluid Administration.** Helps maintain blood pressure and hydration during surgery and is a safety precaution in case of an emergency situation.

In the event that any other problems are discovered to be needed during my pet's procedure, I authorize the following:

_____ I authorize the attending veterinarian to do any extractions, x-rays, or procedures deemed necessary while my pet is under anesthesia

_____ Please attempt to contact me if anything additional is needed but proceed if I am not available to the amount of \$ _____

_____ Please contact me regarding any additional procedures. If I am not available, do not proceed. I understand this may mean my pet will require an additional procedure under anesthesia at a different time.

We recommended that all pets be permanently identified with a microchip. Placement of a microchip under anesthesia costs \$42 (regularly \$52). Would you like us to place a microchip today? Yes No

Would you like us to check/express your pet's anal glands and clean out their ears today for \$30 (regularly \$70)? Yes No

Signature of Owner/Agent: _____