

AVENUES PET CLINIC
ELECTIVE PROCEDURE (SPAY/NEUTER, MINOR SURGICAL PROCEDURES, DENTAL)
ANESTHESIA RELEASE - FELINE

I, _____ (owner), hereby authorize Avenues Pet Clinic (APC) to anesthetize and perform the following procedure(s) _____ on my pet _____. I understand the procedure(s) will be performed on or about _____ (date).

I understand that anesthesia and surgery place my pet at potential risk of injury or death, even for minor procedures. I further understand that I should ask any questions regarding these risks prior to signing this release.

Owner/Agent _____ Date _____

Phone # (where we can reach you TODAY) _____

DENTAL X-RAYS/EXTRACTIONS/ORAL SURGERY – Please Initial:

1. I would prefer to be contacted first, to authorize tooth extractions, tooth sealant, or x-rays. YES _____ NO _____

OR

2. I give consent, without being contacted, for tooth extractions/oral surgery, dental x-rays and/or tooth sealant, if deemed necessary by the doctor for the best care of my pet. YES _____ NO _____

Avenues Pet Clinic is committed to providing your pet with the safest anesthesia available. A pre-surgical exam will be done and an IV catheter will be placed. Your pet will be monitored with a pulse oximeter and a Doppler blood pressure monitor intermittently throughout the procedure. However, because of the many unforeseen problems that can arise during anesthesia, our veterinarians also strongly recommend the following additional procedures for your pet's safety.

THE PROCEDURES BELOW ARE AT ADDITIONAL COST

IDEALLY, all these procedures should be performed on every patient without fail. If you would prefer for all precautions to be taken regarding your pet's anesthetic safety, please initial here _____ and bypass the selections below.

*****IV FLUID ADMINISTRATION:** Maintains and improves blood pressure and increases blood flow through kidneys and brain. It also speeds recovery from anesthesia.

Please initial (give IV fluids): YES _____ NO _____

*****PRESURGICAL BLOOD WORK:** Testing ensures a safer anesthetic procedure by detecting early evidence of disease, which can then be compensated for in the design of the anesthetic protocol, and gives a valuable baseline for the future well-being of your pet. (Please circle which tests you would like performed).

Mini-Panel + Complete Blood Count (CBC) (no differential): Recommended for apparently health animals less than 6 years of age.

Please initial that you want blood work: YES _____ NO _____

Comprehensive Panel + Complete Blood Count (CBC) (no differential): Recommended for apparently health animals greater than 6 years of age.

Please initial that you want blood work. YES _____ NO _____

*****ADVANCED VITAL MONITORING:** Provides constant monitoring of blood pressure, EKG (electrical activity of the heart), respiratory rate, blood oxygen levels, blood carbon dioxide levels and body core temperature. This information minimizes the risk of anesthesia, thereby making anesthesia safer.

Please initial (do Advanced Monitor): YES _____ NO _____

While your cat is under anesthesia, would you like any of the following services performed? Please initial:

Feline Leukemia (FeLV and Feline Immunodeficiency Virus Testing) YES _____ NO _____

Nail Trim YES _____ NO _____ Fluoride Treatment (teeth) YES _____ NO _____

Anal Gland Expression YES _____ NO _____

Home Again Microchip and National Registration YES _____ NO _____

Signature of Avenues Staff Member who reviewed release form with owner _____ REVISED: 02/21/10