

Anesthesia/Procedure Release Form

I am voluntarily agreeing to leave my pet, _____, with Green Valley Animal Hospital (GVAH) for Anesthesia or Sedation, in order to allow for Surgery, Dental Care, Radiographs (X-Rays), Emergency Care or other similar diagnostic or therapeutic procedures. (_____)

I understand that there are risks associated with ANY anesthetic or surgical procedure (no matter how “routine”), including, but not limited to: reaction to medications or anesthesia, bleeding, infection, and surgical or implant failure. I am aware that any such rare events may be serious and may even result in death. I authorize GVAH to administer CPR and any other medical or therapeutic steps deemed necessary to try to counter and treat my pet in case of such an adverse event. I understand that these “rescue” attempts may not be successful. **I also acknowledge that all of these risks are increased if my pet is sick, elderly, debilitated, in “heat”, or pregnant, and that GVAH recommends postponing/rescheduling if any of these are the case and it is not an emergency procedure.** (_____)

I understand that my pet may experience pain associated with this procedure, and I authorize GVAH to administer medication both in-hospital and/or to be sent home, to minimize pain, and I am responsible for appropriate charges. I understand that I am to inform GVAH of any risk, issue, or concern that I have with this policy, and I will also alert GVAH of all current medications my pet has had, to avoid interactions/contraindications. (_____)

I understand that appropriate at-home care is essential to my pet’s healing. This may include, but is not limited to: confinement, Elizabethan collar, bandage care, physical therapy, monitoring, administering medication, and preventing licking/rubbing/chewing at sutures or incisions. I understand that such care is solely my responsibility, and I will be responsible for costs associated with any additional or follow-up care that may be needed if I do not provide adequate care, or fail to comply with GVAH doctor/staff recommendations or instructions. (_____)

I understand that GVAH may try to contact me with minor or with very serious questions pertaining to my pet’s care and survival. I WILL BE REACHABLE AT THE FOLLOWING PHONE NUMBER ALL DAY. IF GVAH ATTEMPTS TO CONTACT ME AT THIS NUMBER AND I DO NOT ANSWER, I AUTHORIZE A VETERINARIAN TO TAKE ANY/ALL STEPS HE/SHE DEEMS ADVISABLE/NECESSARY FOR MY PET, AND I AGREE TO PAY ANY ASSOCIATED FEES/CHARGES. (_____)

(_____) _____ - _____
Phone Number

I understand that GVAH strives to be a “flea free facility”. Therefore, if any fleas are found on my pet, GVAH will give him/her a Capstar flea treatment immediately, and will recommend sending home ongoing pet/house flea care. I will be responsible for the associated charges. (_____)

I verify that the following is a complete list of all medications and supplements my pet has been given IN THE PAST MONTH (including, but not limited to: over the counter or prescription products, as well as any topical, inhalant, oral, injectable or other chemical treatment), and that I have not given him/her anything that is not listed below. (Please ask GVAH staff if help is needed with any medications prescribed or administered by GVAH). I understand that many medications can adversely react with each other, and failing to provide a complete list may harm my pet. (_____)

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FOR SPAYS ONLY: If GVAH determines that your pet is or may be pregnant or in heat, (check which applies):

- Proceed with the Spay procedure, and abort the puppies/kittens
- Proceed with the Spay procedure, but try to save the puppies/kittens. NOTE – may not be successful in saving, or puppies/kittens may not be viable.
- Call me to discuss the options. If I am unavailable, GVAH will decide.
- Wake my pet up from anesthesia and do not perform any surgery. NOTE – even without surgery, the anesthetic procedure could harm the unborn, and even cause miscarriage.
- Other: _____

FOR CATS ONLY: GVAH recommends all cats be tested for Feline Leukemia and Feline Immunodeficiency (aka a “combo test” or “triple test”) as a screening at least once in their life. I will be responsible for the associated charges.

- I approve “Triple Test”
- I decline the test

FOR DOGS ONLY: GVAH recommends annual blood testing for Heartworms for all Dogs. There is a “heartworm only” version, or a 4DX (heartworm, Lyme, and 2 other tick-related bacterial infections) version. I will be responsible for the associated charges.

- I approve the 4DX
- I approve the heartworm only test
- I decline heartworm testing, against the Doctor’s recommendation.
- I believe my dog is up to date on heartworm testing or treatment, or I wish to discuss further

FOR LARGE/GIANT DOGS OR “DEEP CHESTED” BREEDS OF DOG: Large dogs, or dogs with deep chests have an increased chance of a stomach bloat/twist condition called G.D.V. GVAH can perform an optional and additional procedure, called a gastropexy, to reduce this risk. The procedure is often done at the same time as a spay or neuter, but is completely separate from the routine spay/neuter procedure (and can be done separately from these as well). There is an extra cost for the gastropexy (in addition to spay/neuter, etc.), and this cost includes IV fluids. Please note that this procedure will involve an additional and/or larger incision than a spay/neuter without gastropexy.

- I approve the optional and additional gastropexy procedure, and approve associated charges.
- I understand this risk, and decline the additional procedure

My signature below verifies that I have been given adequate time to read and come to a full understanding of BOTH pages of this form. I understand the care that my pet is to have today, and that I have been given the chance to ask any questions I may have, prior to leaving my pet with GVAH. My signature also verifies that I understand the cost/charges for the procedure I am leaving my pet for, and I will pay for the procedure/medications and other charges promptly, and by GVAH policies.

Signature

Date

Thank You for trusting your pet’s care with us today!
Green Valley Animal Hospital

Additional Considerations for Anesthesia/Surgery

1. Pre-Anesthesia Blood Testing:

GVAH supports that it is the “gold standard” and in your pet’s best interest to perform pre-anesthetic bloodwork. This is increasingly important for any patient ≥ 6 years old or with any already known medical condition. My check and signature below verifies that I understand this recommendation. Please note that this bloodwork cannot identify ALL risks to my pet, and DOES NOT guarantee that there will not be anesthesia or surgical risks or complications.

I request GVAH perform bloodwork, as chosen by the Veterinarian, and I agree to pay the additional costs of doing so. Additionally, I approve any additional steps deemed necessary by the results of this bloodwork (e.g. IV fluids, medications, etc.)

I understand the role of bloodwork for my pet, but I decline the above recommendation, and refuse the above services. I, therefore, assume all risk/danger to my pet for not following this standard of care

Signature

Date

2. Fluid Support

It is considered standard of care for all sedated animals to receive additional fluid to help with blood pressure and other concerns during anesthesia. This is usually accomplished by an IV catheter and IV fluid. There is an additional cost (in addition to the surgical/procedure cost) for doing this, and it also requires shaving additional hair from your pet.

I want my pet to have IV fluids, and I will be responsible for the associated charges.

I do not want my pet to have IV fluids, and I understand that I am choosing against GVAH’s recommendation.

Signature

Date

As the cost of these services varies by pet size and procedure length, please ask GVAH staff if you would like a more precise price estimate, or want to discuss what payment options may be available.

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