

Neepawa Veterinary Clinic
ANESTHESIA/SURGICAL RELEASE FORM

I _____ am the owner (or owner's agent) of _____. I understand that I am authorizing performance of the following procedure(s):

EMERGENCY CONTACT NUMBER: _____

Procedure(s) _____
Anesthesia/sedation _____

Administration of fluids during anesthesia **yes**___ **no**___ (**\$XX.00**)

We recommend fluids during surgery to maintain blood pressure and provide an access to the heart for emergency drugs if needed.

I would like the following additional elective procedures performed:

Nail trim (FREE)

_____ Vaccines (Rabies _____ Distemper Combo _____ Feline Leukemia _____)

_____ Dewormer (**Cats:** \$X.00-XX.00 **Dogs:** \$X.00-XX.00, by weight)

_____ Ectoparasite Treatment (**Cats:** \$XX-XX.00 **Dogs:** \$XX.00-XX.00, by weight)

_____ Removal of retained baby teeth (**\$XX.00-XX.00 per tooth**)

_____ Umbilical hernia repair (**\$XX.00-XX.00**)

_____ Dewclaw Removal (**\$XX.00-XXX.00**)

_____ Ear flush (**\$XX.XX**)

_____ Microchip implantation (**\$XX.00**)

_____ Tattoo (**\$XX.XX**)

additional pain relief meds as needed (\$X.00-XX.00, by weight)

Furthermore, I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedures authorized will be without complications from unexpected events beyond the veterinarians and hospital's control.

There will be an additional charge for animals that are in heat or pregnant or excessively over weight and are undergoing a spay/neutering surgery.

Signature _____ Date _____