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## 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:** \_\_\_\_\_

Administration of fluids during anesthesia: yes [ ] no [ ] *if necessary*

I would like the following additional elective procedures performed:

- Nail trim (**FREE**) \*completed with every procedure for staff safety\*
- Vaccines (Rabies\_\_\_\_)(Distemper Combo\_\_\_\_)(Feline Leukemia\_\_\_\_)(K-9 Lyme\_\_\_\_)(Bordetella\_\_\_\_)
- Pre-Anesthetic Radiographs – Two-View Series
- Pre-Anesthetic Blood Work – CBC/General Health/AI Blood Smear
- Snap Test (K-9 - 4Dx\_\_\_\_ ) (Feline - Combo\_\_\_\_ )
- Sample submission to lab for accurate diagnosis
- Dewormer (*by weight*)
- Ear Mite Check & Treatment (feline)
- Ectoparasite Treatment ex. tick/fleas/mites (*by weight*)
- Microchip
- Tattoo
- Ear flush/clean
- Umbilical hernia repair
- Removal of retained baby teeth (*per tooth*)
- Dewclaw Removal (*per foot*)
- Additional pain relief meds as needed (*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 overweight and are undergoing a spay/neutering surgery.

Every patient undergoing spay/neuter procedures will have a green line tattoo placed beside their surgery site. This is a standard of care to identify your animal as being altered to prevent them from future unnecessary surgery.

Signature \_\_\_\_\_

Date \_\_\_\_\_

2023/09/14