ANESTHESIA RELEASE FORM

Pipe Creek Animal Clinic
11113 Hwy. 16 South
Pipe Creek, TX 78063

_____ is scheduled for _____.
I understand that with any anesthetic procedure, there is a minimal risk to the pet. We do everything possible to minimize these risks. I will not hold the doctor or the staff responsible under any circumstances.

Pre-anesthetic blood testing:
When you place your pet in our hands, you trust us to provide your pet with the best possible medical care. You expect us to provide you with advice, which will allow you to make the best decision for your pet. In order to offer you the peace of mind you deserve, we recommend pre-anesthetic testing prior to placing your pet under anesthesia. **We require any animals over the age of 8 years to have their blood tested to reduce the risk of anesthesia.**
_____   **YES** I want my pet to receive the pre-anesthetic blood testing.
_____   **NO** I do not want my pet to receive the pre-anesthetic blood testing.

Post-op pain injections: (Included on all Spay's and Neuter's)
After the surgery, for an additional charge, we offer injectable pain medication for relief.

_____   **YES** I want my pet to receive the post-op pain injection.
_____   **NO** I do not want my pet to receive the post-op pain injection.
Extremely painful animals will be given pain medication at the owner's expense if the doctor deems it necessary.

_____   Would you like to take home after care pain medication for your pet?
_____   Would you like an EKG on your pet? $16.00

Additional Procedures / Annual Exam/Vaccinations

_____	Microchip	_____	Wellness (Annual) Exam
_____	Dog Heartworm Test	_____	Dog DHLPPC
_____	Cat Leukemia/FIV test	_____	Cat PRCC/FelV
_____	Deworming	_____	Bordetella
_____	Rattlesnake	_____	Rabies
_____	Biopsy	_____	Canine Influenza

ALL ANIMALS INFESTED WITH FLEAS, TICKS, EAR MITES AND/OR TAPEWORMS WILL BE TREATED AT THE OWNER'S EXPENSE.

_____   _____   _____
DATE   SIGNATURE OF OWNER/AGENT   PHONE NUMBER