__ANESTHESIA & SEDATION RELEASE__

Patient: _____ Date: _____

Owner:_____ Contact Number:_____

Procedure Scheduled Today: _____ With Dr. _____

Would you like us to Microchip your pet today for $56.99? Yes _____ No _____

Does your pet have any known medication allergies? Yes ____ No ____ *If yes, to which? _____

Were any medications given today? Yes ___ No ___ *If yes, what was given & when? _____

Have you given ANY food/water in the past 8 hours? Yes ____ No ____ *If yes, which & when given? _____

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above. **I give Helena Veterinary Clinic and it's agents and representatives full and complete authority to perform anesthesia and/or sedation on my animal. I do hereby forever release the doctor, their agents, and representatives from any and all liability arising from said anesthesia and/or sedation as long as reasonable care and precautions are maintained.** I understand that support personnel will be used as deemed necessary by the veterinarian.

Helena Veterinary Clinic takes all possible precautions to ensure the safety of your pet. For the safety of your pet, we strongly recommend pre-anesthetic blood testing for all of our patients. I understand that there is always a risk with anesthesia and that blood-work helps to ensure we have taken extra precaution.

_____ **I approve pre-anesthetic blood-work** on my pet prior to any anesthesia and/or sedation is given to my pet. **This price is $98.00 for young pets (under 7 years) and $130.00 for senior pets (7 years and older).**

_____ **I decline any pre-anesthetic blood-work** on my pet prior to anesthesia and/or sedation. I understand that there is always a risk with anesthesia and that blood-work helps to ensure we have taken extra precaution.

In the event that emergency treatment is required and I cannot be reached, I authorize the doctors and staff to perform medical and surgical treatment as is necessary to preserve the life of the patient until I can be contacted for further authorization. I understand that no guarantee of successful treatment is made.

I accept financial responsibility for the treatment of the above named patient and understand that payment is due in full upon release of the animal from the hospital or when service is otherwise terminated. I realize that in many cases it is impossible to determine in advance the extent of medical or surgical treatment required for an animal. In such cases, the hospital staff will attempt to estimate depending upon the extent of treatment required.

I understand that if my pet is not up to date on their vaccinations, then I will be required to update them while they are staying here. This is to ensure the safety of both your pet and our staff. I understand that I will be financially responsible for any additional cost this may incur.

Helena Veterinary Clinic is a flea-free clinic. This means that all pets in our facility must be on consistent and current flea prevention, and that the clinic has the ability to prove this. **I understand that my pet must be currently and consistently taking flea prevention. If not, then we will administer a 24-hour flea prevention pill called Capstar.** This is in the best interest of both your pet and our staff. I understand that I am financially responsible for any additional cost this may incur.

I certify that I have read and understand this authorization. I hereby release Helena Veterinary Clinic, its doctors and staff from all claims, except for claims of negligence arising out of, or connected with, the performance of treatment.

_____ _____

Signature: Date