

**Southgate Animal Clinic**  
**Anesthesia and Surgical Procedure Release**

**Client Name:** \_\_\_\_\_ **(Please print) Phone number:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_  
**Canine / Feline**      **Male / Female**

Reason for visit: \_\_\_\_\_

**Medical History:**

Has your pet had any treats or food in the past 8 hours?  Yes  No    If so what time? \_\_\_\_\_

Is your pet experiencing any vomiting, coughing, sneezing or diarrhea?  Yes  No

Is your pet taking any medications?  Yes  No

If yes, please list \_\_\_\_\_

Elective procedures to be performed:

Express anal glands     Clean ears     Nail trim \$0     Other \_\_\_\_\_

**Pre-anesthetic bloodwork:**

Your pet is scheduled for anesthesia and/or dental treatment. Any anesthetic procedure has potential risk. Therefore, we recommend a blood profile for all pets and require it for pets over 7 years of age, to ensure that your pet is in suitable condition prior to this procedure. We are able to perform quick and accurate blood tests before your pet's anesthetic induction. These tests are the same that your doctor would request before you would undergo anesthesia.

YES I hereby consent to the recommended pre-anesthetic test.

NO: I decline the recommended pre-anesthetic tests. I understand the potential risks by the omission of these tests. I assume full responsibility for my pet should complications arise.

Recommended pre-anesthetic tests have already been completed on : \_\_\_\_\_

**Intravenous Catheter and Fluids:**

An IV catheter will be placed prior to undergoing anesthesia. IV fluids improve blood pressure, assist in processing the anesthetic agents, compensate for blood loss and provide a direct line in case of emergency.

**Microchip:**

I would like to have a microchip placed.  YES  NO

Please note: Southgate Animal Clinic is not a 24 hour care facility. Pets hospitalized overnight do not receive monitoring between the hours of 7:30pm and 7:30 am.

**\*All animals found to have an existing flea population will be treated with an appropriate flea product. \***

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Client Signature                      Print Name                      Contact Phone Number                      Date

**EMERGENCY TREATMENT:** In case emergency treatments are required while your animal is in our care; **I**  **do**  **do not** authorize Southgate Animal Clinic to perform emergency treatment on my pet.

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Southgate Animal Clinic Staff