

Knoxville Animal Clinic, LLC Surgical, Anesthesia, & Sedation Release Form

Signature required at bottom of page for consent to treat your pet

I) Owner Contact Information

Owner Name: _____ Date: _____

Animal(s) Name: _____

Provide all phone numbers where we will be able to reach you today:

Cell Phone – () _____ **Home Phone** () _____

Work Phone – () _____ **Spouse cell** () _____

Procedure (check all that apply):

****At what time did your pet last eat or drink?**

Spay (female) _____ AM (this morning?)

Neuter (male) _____ PM (last evening?)

Declaw (feline) _____

Dental cleaning (extractions if needed) _____

Tumor removal _____

Sedation for procedure _____

Other (please specify): _____

Pre-Anesthesia Blood Screen:

Because no surgery is without risk, we highly recommend preoperative blood work to assess basic organ function or underlying disease before anesthesia. If your pet is older than 7 years, we require a geriatric profile (complete blood count, chemistry panel, urinalysis, thyroid level, and heartworm test), preferably 24 hours before anesthesia, but can be done the day of the procedure. In the event that an abnormality is detected on blood work, the doctor will notify you before performing the procedure in order to take the steps necessary to ensure the safe return of your pet.

*****Preoperative blood work cost is approximately \$70.00. *Prices are subject to change***

____ Yes, I elect to have a pre-anesthetic blood screen ***REQUIRED IF OLDER THAN 7 YEARS***

____ No, I decline to perform a pre-anesthetic blood screen.

____ ***Microchip***, (optional, but encouraged) \$40.00

I hereby consent and authorize Knoxville Animal Clinic, LLC to administer such treatment, diagnostics, procedures, and surgery as they deem necessary for my animal. I understand that before surgery or anesthesia, it is a sound medical procedure to perform a pre-anesthetic blood screen on the animal for the purpose of discovering subclinical infections, underlying disease, anemia, or other medical abnormality to detect risk factors for procedures requiring anesthesia and/or surgery. I assume full financial responsibility for the animal(s) and I hereby certify I am the owner/agent for the above named pet(s). Knoxville Animal Clinic, LLC veterinarians, or staff members, will not be held liable in conjunction with procedures performed on my animal(s). The undersigned affirms the information provided above is correct and agrees to all conditions stated in this paragraph.

READ CAREFULLY AND SIGN: _____