

**ANESTHESIA/SEDATION RELEASE FORM**

Pet's Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

**I certify that I have withheld food from my pet for the past 12 hours. \_\_\_\_\_ (Initials)**

I understand that it is the policy of Crossroads Veterinary Hospital that all surgical candidates be up to date on required vaccines and will be vaccinated if documentation is not provided at drop off time. \_\_\_\_\_ **(Initials)**

I understand that my pet's procedure requires sedation and/or general anesthesia. All precautions will be taken to ensure the safety of my pet. However, I have been informed of the possible risks associated with sedation and anesthesia and I am responsible for all associated charges. I also understand that the doctor(s) reserve the right to perform life saving efforts should complications arise. I officially release Crossroads Veterinary Hospital, P.C. of any liability pertaining to this procedure. (before, during, or after) \_\_\_\_\_ **(Initials)**

Pets may seem healthier on a physical exam than they actually are. For this reason, pre-anesthetic bloodwork is recommended before procedures involving general anesthesia (\$64.48). The pre-anesthetic blood work is included in the cost of canine spays and neuters and feline spays (not feline neuters).

**Choose one of the following:**

I approve of the preanesthetic panel. \_\_\_\_\_ **(Initials)**

I decline the preanesthetic panel and consent to any risks associated. \_\_\_\_\_ **(Initials)**

Microchips allow your pet to be identified once scanned should they become lost. The cost is \$72.85 for placement and first year registration. I would like my pet microchipped. \_\_\_\_\_ **(Initials)**

**Spays and Neuters**

We offer a permanent tattoo next to your pet's incision site during the procedure so they can become more easily identified as spayed or neutered. \_\_\_\_\_ **(Initials)**

**Lumpectomy**

Histopathology can be a powerful diagnostic tool. There are many diseases that cause vague and overlapping signs: histopath is one way to tell them apart. The results can allow your veterinarian to know the specific disease your pet is suffering from and thus tailor their treatment. In some cases, histopathology is the only way to get a definitive diagnosis of the mass being removed.

I approve of histopathology of the mass being removed if the doctors recommend it. \_\_\_\_ **(Initials)**

I decline histopathology of the mass being removed. \_\_\_\_\_ **(Initials)**

**Dentals**

Radiographs:

Full mouth radiographs are taken on all feline dentals. Cats are prone to resorptive lesions, which are painful areas where the tooth is eroded away. Radiographs can both help us detect these lesions, and determine whether we can remove the pain by performing a crown amputation or whether we need to extract the root(s) completely.

Dogs also benefit from full mouth radiographs, as they can detect lesions like a tooth root abscess, an enlarged pulp canal due to a dead tooth, or a tooth with extra roots. We recommend full mouth radiographs; however, you may choose to have us take x-rays as needed. This means that we will radiograph any teeth that appear to need extraction so that we can verify they do need to be extracted, and anticipate any challenges like an extra root, or a curve to the root tip.

I approve:

Full dental radiographs (\$82.50 - feline or \$95.00 - K-9) \_\_\_\_\_ **(Initials)**

Radiographs as needed (\$15.40 each) \_\_\_\_\_ **(Initials)**

I decline dental radiographs (dogs only) \_\_\_\_\_ **(Initials)**

Extractions:

If any teeth are deemed unhealthy/ painful due to damage or disease, I approve extractions as needed. \_\_\_\_\_ **(Initials)**

Oravet:

Oravet gel electrostatically adheres to the tooth enamel, preventing bacteria from collecting for roughly 3-4 weeks after the dental. This allows the benefits of the dental to last longer. \_\_\_\_\_ **(Initials)**

**Please list all medications your pet is currently taking, including monthly preventatives:**

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**Is your pet on any special diet? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what kind? \_\_\_\_\_**

**Phone numbers where you can be reached today:**

1) \_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_  
**Owner signature**

\_\_\_\_\_  
**Date**

Please see other side of form