

## ELMBROOK VETERINARY CLINIC SEDATION / ANESTHETIC RELEASE FORM

Today's Date: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

**Procedure(s) to be performed on my pet:** \_\_\_\_\_

Any period of sedation entails a certain amount of risk, particularly with older pets or pets with known or unknown organ system problems. To help reduce this risk, we recommend a pre-anesthetic blood work-up. As this is an added expense (\$95-\$125), it must be authorized: Yes  No  Already done

Please answer the following questions to the best of your knowledge. In the past ten (10) days, has your pet shown any of these symptoms? – Please circle:

Vomiting	Yes or No	Coughing	Yes or No
Diarrhea	Yes or No	Runny Eyes	Yes or No
Unusual Stools	Yes or No	Runny Nose	Yes or No
Pain/Distress	Yes or No	Endurance Loss	Yes or No
Odd Behavior	Yes or No	Other: _____	None _____

Has your pet ever had problems with:

Heart	Yes or No	Bronchitis	Yes or No
Liver	Yes or No	Allergies	Yes or No
Kidneys	Yes or No	Cancer	Yes or No
Seizures	Yes or No	Other _____	None _____

Has your pet had food/water in the last 12 hours \_\_\_\_\_ if eaten – what and when \_\_\_\_\_

Is your Pet currently on medications? \_\_\_\_\_ If so, what/\_\_\_\_\_

Is your pet current on vaccinations? \_\_\_\_\_ If no, may we update? \_\_\_\_\_

***I UNDERSTAND THAT ANY PERIOD OF SEDATION ENTAILS A CERTAIN AMOUNT OF RISK WHICH I ACCEPT.***

***Signature of owner or duly authorized representative:*** \_\_\_\_\_

***Phone number I can be reached at between 10:30 am and 2:00 pm in the event any questions or problems arise:*** \_\_\_\_\_