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ANESTHESIA RELEASE FORM

Client's/Owner's Name: _____ Patient/Pet's Name: _____
Address: _____ Species: _____ Breed: _____
Phone Number on Day of Surgery: _____ Gender: _____ Age: _____
Date: _____ Procedure: _____

I understand Downtown Animal Center is a full service, low cost spay and neuter clinic. I also understand that **IF** my pet has **NOT** been spayed or neutered at the time of any surgery or while undergoing anesthesia, Downtown Animal Care Center will **REQUIRE** that my pet be spayed or neutered at that time.

I hereby authorize Downtown Animal Care Center and direct their associated veterinarian(s) to perform the above noted procedure(s) on my pet. I understand that in the event additional procedures are deemed necessary, an attempt will be made to reach me before proceeding, but I understand that the veterinarian(s) is authorized to perform any necessary procedures if they are unable to reach me. I agree to pay any additional cost these actions might incur, provided said actions are necessary to promote the health or to preserve the life of my pet.

I certify that my pet is not currently showing any signs of disease, such as poor appetite, bleeding, coughing, diarrhea, vomiting etc. I certify that my pet has not shown any signs of illness for the past month.

I understand that for the safety of all animals at Downtown Animal Care Center, all surgery patients are **REQUIRED TO BE CURRENT ON VACCINATIONS**. If my pet **HAS NOT** been vaccinated or if I **CANNOT** present any proof of my pet's vaccination status by the time of surgery, I understand that my pet **WILL BE** vaccinated today at my expense – Dogs: \$30.00, Cats: \$30.00.

Downtown Animal Care Center **REQUIRES** preanesthetic blood work on **ALL** surgical patients **OVER 6 YEARS OF AGE, NO EXCEPTIONS!** Downtown Animal Care Center **DOES NOT** routinely perform complete blood counts and preanesthetic blood chemistry screens on surgical patients **UNDER 6 years of age**. A complete blood count and preanesthetic blood chemistry screen will reduce the risks of anesthesia by detecting problems with the liver and kidneys. These two major internal organs (in addition to the lungs) are responsible for eliminating most of the anesthetics from the body. Although most patients have optimally functioning livers and kidneys, some pets may have an underlying, hidden problem and would therefore be an anesthetic risk. The cost of these tests is \$80.00.

Preanesthetic blood work for my animal. I Do Do Not want these tests done.

My pet has been fasted for 12 hours: Yes No

My dog is on a heartworm preventative: Yes No

To the best of my knowledge my pet IS IS NOT in heat or pregnant.

My pet is on the following medications: _____

Downtown Animal Care Center **ALWAYS** recommends the following:

I would like my pet sent home with an e-collar (Elizabethan collar) - Yes No (Please sign below)

I **DECLINE** that my pet be sent home with an e-collar: _____
Sign Here

I would like my pet sent home with pain medication - Yes No (Please sign below)

I **DECLINE** that my pet be sent home with pain medication: _____
Sign Here

I would like the following done while my pet is under anesthesia:

VACCINATIONS ARE **REQUIRED** IF YOUR PET IS NOT CURRENT

- Rabies Vaccination (FELINE & CANINE) - \$16.00
- Canine Distemper Vaccination - \$14.00
- Canine Bordatella Vaccination - \$16.00
- Canine Influenza Vaccination - \$17.00
- Feline Distemper Vaccination - \$14.00
- Feline Leukemia Vaccination - \$25.00
- Feline Leukemia/AIDS Test - \$35.00
- Heartworm Test - \$35.00
- Microchip - \$29.99 (Includes First Year of Registration with Home Again)
- Bloodwork - \$60.00 to \$125.00
- Anal gland expression - \$25.00 to \$40.00
- Ear Examination and Flush - \$25.00 to \$50.00
- Nail clipping - \$5.00 (WHILE SEDATED)
- OTHER: Please specify in detail _____

I DECLINE ALL SERVICES LISTED ABOVE : _____
Please Sign Here

I HAVE READ AND FULLY UNDERSTAND THIS SURGEY AND ANESTHESIA CONSENT FORM. ALL QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

I authorize anesthesia and dentistry/oral surgery for my pet, as described above. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and/or surgery, and I am encouraged to discuss any concerns I have about those risks with my veterinarian before the procedure(s) is/are initiated. Additionally, I authorize Downtown Animal Care Center to perform any diagnostic, treatment or surgical procedures as deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While Downtown Animal Care Center provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. I fully understand these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Downtown Animal Care Center, the veterinarians or any staff member liable for any complications that may arise.

No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures. Downtown Animal Care Center treats cases based on evidence-based medicine. My signature on this consent form indicates that I have read this form and that any questions have been answered to my satisfaction.

Printed Name of Owner or Authorized Agent (Block Letters)

Signature of Owner or Authorized Agent

Date Signed