



East Brainerd Animal Hospital, LLC
 8488 East Brainerd Road, Chattanooga, TN 37421
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Surgical/Anesthesia Release

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Client's Name _____ Patient's Name _____

This patient is being admitted for the following **surgery or procedure**: _____

➔ I can be **contacted today** at _____

➔ Please list any medications your pet is currently taking and **when the last dose was given**:

➔ Other procedures to be done while under anesthesia: (**Check all that apply**)

- | | | |
|--|---|---|
| <input type="checkbox"/> Heartworm test | <input type="checkbox"/> Intestinal Parasite Test | <input type="checkbox"/> Extract Baby Teeth |
| <input type="checkbox"/> Clean Ears | <input type="checkbox"/> Microchip | <input type="checkbox"/> Dental Cleaning |
| <input type="checkbox"/> Rabies Vaccine | <input type="checkbox"/> Vaccines | <input type="checkbox"/> Hospitalized Overnight |
| <input type="checkbox"/> Radiographs | <input type="checkbox"/> Nail Trim | Other _____ |
| <input type="checkbox"/> Express Anal Glands | <input type="checkbox"/> Histopathology | |

➔ **WE HIGHLY RECOMMEND** a blood screening for your pet. Blood screening is done before surgery to check multiple organ systems including, the liver and kidneys. The results may indicate the need to avoid certain anesthetics, cause us to require an IV catheter and fluids or postpone surgery. If this were the case you would be contacted.

(**Please initial one**)

Pre-Anesthetic Panel for pets 5 years and younger \$57.00.

General Health Panel for pets 6 years and older is \$82.50.

No, I decline the blood screening for my pet.

➔ **WE HIGHLY RECOMMEND** IV Catheter/Fluids during surgery \$79.50 **Yes** **Decline**

➔ All of our surgery patients **will receive an injection for pain relief** during surgery that typically last 12 hours (\$27.80). Would you like for your pet to have **additional** pain medication to go home? **YES or No**

➔ **Dental Procedure Only:**

During a dental cleaning, we may find teeth that may need to be x-rayed and/or extracted. Our doctors will only perform what is necessary for the patient's health. PLEASE BE AWARE IF WE ARE UNABLE TO REACH YOU WE WILL NOT BE ABLE TO PERFORM WHAT IS NECESSARY FOR YOUR PET AND BE AWARE THAT EXTRACTIONS AND X-RAYS ARE ADDED EXPENSES.

If your pet is having a DENTAL PROCEDURE please initial one of the following:

I wish to be **contacted** first before any extra procedures are needed.

I want the doctor to perform **whatever is reasonably necessary** for my pet's dental health.

Adverse reactions can occur with any procedure or surgery. I understand care will be taken to minimize risks. I also understand that if recommended tests and procedures have been declined, this may increase the risk to my pet. I do not hold the doctors and staff of East Brainerd Animal Hospital responsible for any adverse reactions which might occur. I have read and understand this authorization and I consent to the above.

Date _____ Signature of Owner/Agent _____