

Avalon Animal Clinic, P.C

8076 N. Shadeland Ave. Indianapolis, IN 46250 (317) 842-4618

www.avalonanimal.com

SURGERY/TREATMENT/ANESTHESIA RELEASE FORM

Client Name: _____

Pet's Name: _____

Surgery/Treatment/Procedure: _____

PHONE # WHERE YOU MAY BE REACHED TODAY _____

PET HISTORY

Yes	No	
_____	_____	Are vaccinations current within the last 12 months?
_____	_____	Has a stool sample been tested for intestinal parasites within the last 12 months?
_____	_____	Has your dog been tested for heartworms in the last 12 months?
_____	_____	Is your pet allergic to any medication? If yes, list below: _____
_____	_____	Is your pet currently on any medications? (other than heartworm preventative?) <i>If yes, please list which meds and when they were last given:</i> _____
_____	_____	Has your pet ever had any problems with any previous medication, treatment, or anesthesia? If yes, please list below: _____
_____	_____	Has your pet shown any signs of illness within the last 48 hours?
_____	_____	Did your pet eat last evening or this morning?

ELECTIVE PROCEDURES TO BE DONE DURING THE VISIT

_____ Microchip
_____ Vaccinations
_____ Stool Sample
_____ Heartworm Test
_____ Express Anal Sacs
_____ Examine and treat ears
_____ Clean Teeth
_____ Additional pain medicine for use at home
_____ Refill Medicine (describe): _____
_____ Other (describe): _____

***Additional charges will be incurred for these elective procedures. Our receptionist will be glad to provide estimates for these problems.

Pre-Surgical/Treatment/Anesthesia Blood Screens:

We require a blood screening for all animals receiving anesthesia for any treatment or surgery. This laboratory testing assists us in detecting possible underlying abnormalities that could potentially add to the risk involved for your pet.

Pain Management

Your pet will receive an injection of a pain medication before surgery starts. In some surgeries, a local or regional block will also be used. Your pet will also receive an injection post-operatively for pain management. If deemed necessary, more than one injection will be given to insure that your pet is comfortable. If you would like, additional pain medication will be sent home with you, for your pet's comfort (additional fee).

REQUIRED PRE-ANESTHETIC SCREENS

Any pet less than 2 years of age:

- ACT (tests the body's ability to clot)
- CBC (complete blood count, evaluates platelets- important for clotting, checks for anemia, evaluates white cells, which could indicate infection)

Any pet over 2 years of age:

- ACT (tests the body's ability to clot)
- CBC (complete blood count, evaluates platelets- important for clotting, checks for anemia, evaluates white cells, which could indicate infection)
- SGPT (evaluates the liver)
- BUN (evaluates the kidneys and liver)
- Creatinine (evaluates the kidneys)
- Glucose (checks blood sugar level)
- ALKP (evaluates the liver)
- TP (evaluates protein levels, hydration status, kidney & liver function)
- Electrolytes- Na, K, Cl

Thank you for bringing your pet to Avalon Animal Clinic, P.C. We use the safest and most accepted anesthetics available, but this does not absolve all risk. All anesthetics carry an inherent risk, and adverse effects can occur. We take all possible precautions to prevent any such event. Please read the following paragraph and sign below.

I consent to the administration of such anesthetic agents as are necessary, and to the surgical or treatment procedure. I understand there are risks involved and that no guarantee or successful outcome is made. I hereby certify that I have read and fully understand this release. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release of the patient.

Date: _____ Signature: _____