

Lansdowne Veterinary Clinic  
**Permission for Anesthesia with Treatment or Surgery**

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

Pet: \_\_\_\_\_  
Dr.: \_\_\_\_\_

**Pet's Medical History**

Approximate Age: \_\_\_\_\_

Is your pet currently on any medications?

Yes  No      If yes, \_\_\_\_\_

Has your pet had any medical problems? Allergies to medications?

Yes  No      If yes, \_\_\_\_\_

**Special Precautions**

We perform an examination on all patients before they are anesthetized. We also run an EKG to assure that our patient's heart is healthy. We strongly recommend certain screening tests on all pets to alert us to potential complications associated with anesthetic agents. Please indicate whether or not you want us to take these additional precautions. These tests have been done routinely in human medicine for many years. Recent advances in veterinary medicine now allow veterinarians to better assess their patients' risk factors prior to anesthesia.

The blood test consists of kidney and liver function tests, a glucose level, a blood count, and a total protein level. Knowing the results of these tests helps us assess the general health of your pet and your pet's ability to process the anesthetic. The pre-anesthesia X-Rays allow us to evaluate the capacity of your pet's heart and lungs and to visualize the heart and lung field prior to anesthesia. Test results are available within minutes.

Pre-Anesthesia Blood Test:      I  ACCEPT  REFUSE at a cost of \$ \_\_\_\_\_ (initials)

(Required if greater than 6 years of age)

Pre-Anesthesia X-Rays:      I  ACCEPT  REFUSE at a cost of \$ \_\_\_\_\_ (initials)

Laser:      I  ACCEPT  REFUSE at a cost of \$ \_\_\_\_\_ (initials)

Have you received an estimate for today's procedure?       YES  NO

Does your pet need a MICROCHIP today?       YES  NO

**Release Statement**

I hereby consent and authorize Lansdowne Veterinary Clinic to anesthetize my pet for treatment or surgery. I understand that there is no way to totally eliminate the risk of anesthesia. I am aware of and accept the normal risks inherent in any anesthesia administration. I understand that there is no guarantee of success and that the fee is not contingent upon the success of the treatment, surgery, or dental.

I understand that complications are possible even though good veterinary judgement is exercised and agree to pay for the cost of any emergency complications which may arise. Non emergency complications will be discussed with and approved by me in advance.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_