

**Alta-View Animal Hospital**

**690 Showers Dr. Mountain View, CA 94040**

**ANESTHESIA/SURGICAL RELEASE FORM**

I AM THE OWNER (OR OWNERS AGENT) OF \_\_\_\_\_ I UNDERSTAND THAT I AM AUTHORIZING PERFORMANCE OF THE FOLLOWING PROCEDURE(S):

PROCEDURES(S) \_\_\_\_\_

ANESTHESIA/SEDATION \_\_\_\_\_

ADMINISTRATION OF FLUIDS DURING ANESTHESIA YES\_\_\_ NO\_\_\_

**WE RECOMMEND FLUIDS DURING SURGERY TO MAINTAIN BLOOD PRESSURE AND PROVIDE AN ACCESS TO THE HEART FOR EMERGENCY DRUGS IF NEEDED.**

I WOULD LIKE THE FOLLOWING ADDITIONAL ELECTIVE PROCEDURES PERFORMED:

\_\_\_\_ DENTAL CLEANING AND POLISHING

\_\_\_\_ NAIL TRIM

\_\_\_\_ EAR FLUSH

\_\_\_\_ FLUORIDE TREATMENT

\_\_\_\_ MICROCHIP IMPLANTATION

\_\_\_\_ **ADDITIONAL PAIN RELIEF MEDS AS NEEDED**

FURTHERMORE, I UNDERSTAND THAT DURING THE PERFORMANCE OF THE PROCEDURE(S) THAT I HAVE AUTHORIZED, UNFORESEEN CONDITIONS MAY ARISE. THEREFORE, I HEREBY CONSENT TO AND AUTHORIZE THE PERFORMANCE OF SUCH PROCEDURES AS ARE NECESSARY IN THE EXERCISE OF THE VETERINARIANS PROFESSIONAL JUDGMENT. I ALSO DO HEREBY ACKNOWLEDGE THAT I UNDERSTAND THAT THERE ARE NO GUARANTEES EITHER EXPRESSED OR IMPLIED THAT THE PROCEDURES AUTHORIZED WILL BE WITHOUT COMPLICATIONS FROM UNEXPECTED EVENTS BEYOND THE VETERINARIANS AND HOSPITAL'S CONTROL.

**THERE WILL BE AN ADDITIONAL CHARGE FOR ANIMALS THAT ARE IN HEAT OR PREGNANT OR EXCESSIVELY OVER WEIGHT AND IS UNDERGOING A SPAY/NEUTERING SURGERY.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Phone: (650) 948-1021 Fax: (650) 948-8860

Altaview@aol.com