

Allyson Mangan, MS, DVM

2601 S. Lemay Ave #3

Fort Collins, CO 80525

(970) 568-4240

SURGERY/ANESTHESIA RELEASE FORM

Pet’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the owner or agent for the owner of the animal listed above, I give my consent to Lemay Vet Clinic to perform the following procedures by signing below. I understand that during the performance of these procedures unforeseen conditions may occur, necessitating an extension or variations of the procedures listed below.

 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures very safe. We will do our best to avoid any complications or deal with those that are unavoidable. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations.

We HIGHLY recommend that all patients undergoing general anesthesia:

1. have a Routine Blood Panel performed. Please check Yes\_\_\_\_\_\_or No\_\_\_\_
2. For many apparently healthy animals, anesthesia is a great time to perform various procedures without trauma. Nail trims are already done complimentary while your pet is under anesthesia; please let us know if you DO NOT want:

Nail Trim: Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Other available procedures/tests:

Thyroid testing \_\_\_\_\_\_\_\_\_

Heartworm test \_\_\_\_\_\_\_\_\_

 Anal Sac Expression \_\_\_\_\_\_\_

Ear Cleaning and Treatment \_\_\_\_\_\_\_

Microchip Implant \_\_\_\_\_\_\_\_\_\_\_

 For tumor removals, histopathology is always recommended: Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Spay/Neuter Tattoo: Yes\_\_\_\_\_\_ No \_\_\_\_\_\_\_

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number where you may be reached today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_