



MOUNTAIN VIEW VETERINARY HOSPITAL

ANESTHESIA RELEASE

Owner/Authorized Agent _____ Date _____

Telephone Number Home _____ Work _____ Mobile _____

Animal's Name _____ Dog _____ Cat _____

Reason For Admission _____

Current On Vaccinations (____)Yes (____) No. Please Update

If not current on vaccinations, we require that your pet be updated for his/her own protection. If your pet has evidence of fleas, we will need to discuss treatment.

Please indicate if you would like any of the following services performed while your pet is with us:

- | | | |
|--|---|---|
| <input type="checkbox"/> Express Anal Glands | <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Heartworm Test |
| <input type="checkbox"/> Full Physical Examination | <input type="checkbox"/> Permanent ID (Microchip) | <input type="checkbox"/> Fecal Exam |
| <input type="checkbox"/> Feline Leukemia Test | <input type="checkbox"/> Complete Dental Care | <input type="checkbox"/> Flea Control |
| <input type="checkbox"/> Other _____ | | |

It is medically advisable to perform pre-anesthesia blood tests before general anesthesia. Knowing how certain body organs, such as the liver and kidneys, are functioning is important when your pet has to undergo anesthesia. Our hospital laboratory is fully equipped to perform these tests. Results will be available to your doctor prior to your pet being anesthetized.

(_____) Yes (_____) No, I understand the recommendation, but decline.

(Please initial one of the above)

Mountain View Veterinary Hospital is to use all precaution against injury, escape or death of my pet. I understand that all anesthesia involves some minimal risk to my pet, but Mountain View Veterinary Hospital will be not be held liable or responsible in any manner whatsoever, or under any circumstances in connection therewith.

I have read the foregoing and agree:

Owner's/Agent Signature

Date

Payment is due in full when services are rendered