

**Surgical, Anesthesia, & Sedation Release Form Knoxville Animal Clinic, LLC**  
**2017**

*\*Signature required on back of page for consent to treat your pet\**

**Owner Contact Information:**

**Owner Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Animal(s) Name:** \_\_\_\_\_

**Required - list all phone numbers where we will be able to reach you today:**

**Cell Phone** – (    ) \_\_\_\_\_ - \_\_\_\_\_ **Home Phone** (    ) \_\_\_\_\_ - \_\_\_\_\_

**Work Phone** – (    ) \_\_\_\_\_ - \_\_\_\_\_ **Spouse cell** (    ) \_\_\_\_\_ - \_\_\_\_\_

**Procedure (check all that apply):**

**\*At what time did your pet last eat or drink?**

Spay (female) \_\_\_\_\_ \_\_\_\_\_ AM (this morning?)

Neuter (male) \_\_\_\_\_ \_\_\_\_\_ PM (last evening?)

Declaw (feline) \_\_\_\_\_

Dental cleaning (extractions if needed) \_\_\_\_\_

Tumor removal \_\_\_\_\_

Sedation for procedure \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**Pre-Anesthesia Blood Screen:**

Because no surgery is without risk, we highly recommend preoperative blood work to assess basic organ function or underlying disease before anesthesia. If your pet is older than 7 years, we require a geriatric profile (complete blood count, chemistry panel, urinalysis, thyroid level, and heartworm test), preferably 24 hours before anesthesia, but can be done the day of the procedure. In the event that an abnormality is detected on blood work, the doctor will notify you before performing the procedure in order to take the steps necessary to ensure the safe return of your pet.

**Preoperative blood work cost is approximately ~ \$82.00 (cost may be subject to change):**

\_\_\_\_ **Yes**, I elect to have a pre-anesthetic blood screen ***\*REQUIRED IF OLDER THAN 7 YEARS\****

\_\_\_\_ **No**, I decline to perform a pre-anesthetic blood screen.

\_\_\_\_ **Microchip**, (optional, but encouraged) **\$45.00**

**Knoxville Animal Clinic, LLC Surgical, Anesthesia, and Sedation Policy & Consent:**

**Release for treatment:** I hereby consent and authorize Knoxville Animal Clinic, LLC to administer such treatment, diagnostics, procedures, and surgery as they deem necessary for my animal. I understand that before surgery or anesthesia, it is a sound medical procedure to perform a pre-anesthetic blood screen on the animal for the purpose of discovering subclinical infections, underlying disease, anemia, or other medical abnormality to detect risk factors for procedures requiring anesthesia and/or surgery. I assume full financial responsibility for the animal(s) and I hereby certify I am the owner/agent for the above named pet(s). Knoxville Animal Clinic, LLC veterinarians, or staff members, will not be held liable in conjunction with procedures performed on my animal(s). The undersigned affirms the information provided above is correct and agrees to all conditions stated in this paragraph.

I the undersigned do certify that I am the owner, or authorized agent of the owner of this animal(s); that I hereby authorize Knoxville Animal Clinic, LLC, their agents and representatives, to perform medical or surgical procedures, physical examinations, anesthesia, x-ray, administer drugs, or other such treatment(s) as the veterinarian deems necessary while day boarding, boarding, and grooming patients. I agree to accept responsibility for the payment of all services rendered.

All day boarding, boarding, and grooming animals are required to be up to date on vaccinations, free of parasites, fleas, and ticks. If your pet is not up to date on vaccinations and/or parasites, fleas, or ticks are detected on your pet, a physical examination, appropriate treatment, and/or vaccinations, will be given to your pet(s) and charged to your account.

In the event this account is referred to an outside agency, credit reporting bureau, or attorney for collection, I agree to pay all attorney fees, collection costs, court costs, and/or any other expenses incurred during collection. I hereby state that I have read this release, that I understand the agreement and that I may request a copy of this agreement. I have read and understand all KAC, LLC policies and agree to terms as described above for boarding, day boarding, grooming and drop off patients.

**Signature Required:** \_\_\_\_\_

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_