

# Anesthetic Release Form

Great Value Pet Clinic, LLC  
11580 Black Forest Rd., Unit 10  
Colorado Springs, CO 80908

Client Name: \_\_\_\_\_

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

Patient Name: \_\_\_\_\_

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

*Initial Box*

## Pre-Anesthetic Blood Work Consent

Accept	Decline	Procedure	Cost
		Anti-nausea injection (Cerenia)	\$25-\$50 (Based on weight)
		Pre-Anesthetic+ CBC Screen (up to 6 yrs)	\$70.00
		Pre-Anesthetic + CBC Screen ( <b>REQUIRED FOR 7 AND OLDER</b> )	\$95.00

**I UNDERSTAND THAT THE PRE-ANESTHETIC BLOODWORK IS RECOMMENDED FOR MY PET'S SAFETY.**

**THERE WILL BE \$25 LATE PICK UP FEE FOR ANY PET THAT IS PICKED UP AFTER 2:00PM.**

- I verify that I am the owner, or authorized agent for the owner, of the above named patient.
- I authorize that the above, named, procedure be performed.
- I understand the reason for the procedure and what the procedure involves, including post surgical care to be given at home. I have discussed available alternative treatments.
- I authorize Dr. Clothier and his staff to use anesthetics and other medications deemed necessary to properly care for my pet.
- I understand that it may be necessary for Dr. Clothier to provide additional medical or surgical procedures, which are anticipated, for the safety or health of my pet.
- I authorize Dr. Clothier to perform such altered and or additional procedures necessary in his professional judgment. I accept responsibility for the additional charges.
- I understand that there is always a risk associated with any anesthetic episode, even in an apparently healthy animal. I have discussed any concerns with Dr. Clothier.
- I understand that my pet will not be observed overnight. Patient's requiring special care may be referred to a 24-hour hospital.
- I understand that I am responsible for any charges incurred while my pet is in the care of this facility.
- I understand that my payment is due at the time my pet is released from the hospital.
- Interest, service charges, and collection fees will be additional cost for any non-payment.

**I agree that I will not hold Great Value Pet Clinic,  
Dr. Clothier, or his staff, liable for any unexpected events.**

Signature: \_\_\_\_\_

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

### EMERGENCY CONTACT:

NAME: \_\_\_\_\_

NUMBER 1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_