

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: _____

Circle		Procedure	Cost
YES	NO	Anti-nausea injection (Cerenia)	\$30-\$60 (Based on weight)

I UNDERSTAND THAT THE PRE-ANESTHETIC BLOODWORK IS **REQUIRED** FOR MY PET'S SAFETY, **UNLESS** RECENT LABWORK HAS BEEN DONE HERE, OR PROVIDED FROM ANOTHER FACILITY.

DO TODAY	PROVIDED	PROCEDURE BEING PERFORMED	COST
		Pre-Anesthetic + CBC – 6 panel (up to 7 years)	\$95.00
		Pre-Anesthetic + CBC – 14 panel (7 years & up)	\$130.00

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 1ST _____

2ND _____