

**Bit & Spur Animal Hospital
Anesthetic/ Surgery Release Form**

Date: _____

NAME: _____ **HOME PHONE:** _____

PATIENT'S NAME: _____

Telephone number where I can be reached during the time of surgery: _____

I hereby authorize performance of the following procedure(s): _____

I understand and agree that all anesthesia and surgery involves a certain amount of risk to my pet, results cannot be guaranteed, and that Bit & Spur Animal Hospital will not be held liable. If any unforeseen medical/surgical needs arise, I hereby consent and authorize the performance of procedure(s) or operation(s) necessary and desire in the exercise of all veterinarian's professional judgment. I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of pick up. Any medications and supplies purchased or prescribed will be an additional charge.

Signature of Owner: _____ Date: _____

AAHA SURGERY & ANESTHESIA STANDARDS

Recent changes to guidelines by AAHA in regards to pain management, surgery care and pre-anesthesia risks have resulted in changes to our surgery standards and procedures that require anesthesia. Bit & Spur Animal Hospital now places IV catheters with all general anesthesia cases, pain management with all invasive surgery, and pre-anesthesia blood testing to all general anesthesia cases. Refusing these procedures could result in unforeseen anesthesia risks and is **NOT RECOMMENDED**. Bit & Spur Animal Hospital reserves the right to refuse anesthesia and/ or surgery in cases of high risks and declining recommended pre-anesthesia tests.

Our Veterinarians ENCOURAGE GOOD CLIENT/ DOCTOR relationships. Please ask to speak with a technician or Doctor for any concerns or inquires.