

# Cloverleaf — a Commitment to Care



## ANESTHETIC / SURGICAL / MEDICAL RELEASE FORM



DATE: \_\_\_\_\_

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

INITIALS: \_\_\_\_\_

SURGERY / PROCEDURE: \_\_\_\_\_

⇒ ESTIMATE: \$ \_\_\_\_\_ (WE TRY TO SAY WITHIN 15% OF OUR ESTIMATE) NO ESTIMATE NEEDED: \_\_\_\_\_ CALL WITH ESTIMATE AFTER EXAM: \_\_\_\_\_

### **WE ALWAYS RECOMMEND COMPLETE BLOOD CHEMISTRIES PRIOR TO ANESTHESIA**

- ◆ Anesthesia carries some risk, therefore prior testing of major organ systems is recommended.
- ◆ Many anesthetics are removed from the body by the liver or kidneys. It is important to know that these organs are working well.
- ◆ Isoflurane, an exception, is removed by the lungs. It is therefore one of the safest anesthetics available. It costs a little more.
- ◆ If there are abnormalities on the bloodwork, we can discuss it with you and make recommendations prior to anesthesia.

**We use a heart and oxygen monitor during all surgeries.**

**PLEASE MICROCHIP MY PET WHILE HERE FOR SURGERY.  YES  NO**

### YOUR CHOICES:

YES. I WANT MY PET TO HAVE A PRE-ANESTHETIC BLOOD SCREEN.

MINOR SCREEN (IMMEDIATE RESULTS) THIS GIVES AN *ESTIMATE* OF ORGAN FUNCTION AND ELECTROLYTES.

MAJOR CHEMISTRIES — (RESULTS IN AN HOUR) THE ABOVE, PLUS 34 OTHER TESTS. COMPLETE AND ACCURATE.

NO. I DECLINE PRE-ANESTHETIC BLOODWORK AT THIS TIME.

CATS  
ONLY

YES. I WANT AN FELV/FIV TEST PERFORMED.

PREVIOUSLY TESTED.

No. I DECLINE AN FELV/FIV TEST AT THIS TIME.

**EXOTICS: THE DOCTOR WILL RECOMMEND TESTS FOR YOUR PARTICULAR PET.**

DOGS  
ONLY

MY DOG IS CURRENT ON HEARTWORM TESTING AND PREVENTATIVE

### **PAIN RELIEF**

I would like my pet to have medication for pain relief after surgery. This may consist of an injectable pain reliever, oral medication or a patch. I give the doctor permission to choose a pain medication and charge me appropriately.

I decline pain relief medication for my pet at this time.

I AGREE TO THE ABOVE PROCEDURE/SURGERY/ANESTHETIC. I RELEASE CLOVERLEAF ANIMAL HOSPITAL, INC., IT'S DOCTORS AND STAFF, FROM LIABILITY IN RELATION TO THE ABOVE, PROVIDED THAT DUE CONSIDERATION IS GIVEN TO SOUND MEDICAL PRACTICES.

**I UNDERSTAND THERE IS ALWAYS SOME RISK INVOLVED WITH ANESTHETICS, AND THAT NO MEDICAL PROCEDURE CAN BE GUARANTEED.**

I AGREE TO PAY FOR ANY ADDITIONAL SERVICES REQUIRED IN RELATION TO THE ABOVE, PROVIDED THE DOCTOR DEEMS IT NECESSARY TO THE LIFE AND WELL-BEING OF MY PET.

I DO NOT NEED TO BE CALLED PRIOR TO ANY ADDITIONAL PROCEDURES WHICH MAY TAKE MY ESTIMATE HIGHER.

I WOULD LIKE TO BE CALLED IF THE ADDITIONAL PROCEDURES WILL GO MORE THAN **15%** OVER MY ESTIMATE.

### **IF I CANNOT BE REACHED :**

PROCEED AS NECESSARY, AND I WILL ACCEPT FINANCIAL RESPONSIBILITY.

DO NOT PROCEED.

**I UNDERSTAND THAT FOR THE HEALTH OF MY PET AND OTHERS, IF MY PET IS FOUND TO HAVE FLEAS THEY WILL BE TREATED ACCORDINGLY.**

**SIGNATURE:** \_\_\_\_\_