



# Paws N Hooves Veterinary Hospital

3233 N. Mesa St. Suite 210, El Paso, Texas 79902

Phone: (915) 584-4491 Fax: (915) 584-4493

Email: [info@pnhvet.com](mailto:info@pnhvet.com)

Helping El Paso Help Their Pets Through High Quality Medicine and Education!

## ANESTHESIA RELEASE FORM

CHART NUMBER <number> WEIGHT \_\_\_\_\_

OWNER <contact> <client> PHONE NUMBER <cell-phone> ALT.PHONE NUMBER \_\_\_\_\_

PATIENT'S NAME <animal> SPECIES <species> BREED <breed> AGE <age-name> SEX: <sex-name>

Are you the rightful owner of the above pet(s)?  Yes  No

If not, who is? \_\_\_\_\_ How can they be contacted? \_\_\_\_\_

Initial all surgeries requested:  Spay (female)  Neuter (male)

Mass/Tumor Removal  Other

**PRE-ANESTHETIC BLOOD WORK:** I understand all reasonable precautions will be taken by the doctors and staff at Mesa Veterinary Clinic to prevent foreseeable complications with this procedure. Some problems may not be evident on physical examination therefore, pre-anesthetic blood work is recommended to assist in identifying underlying problems prior to administering anesthesia. *(Please choose and initial)*

Pre-anesthetic chem. (basic)  CBC/Chem (advanced)

I decline blood panel and assume anesthetic risk.

**IV CATHETERIZATION AND FLUIDS:** Placement of an IV catheter before administering anesthesia is provided for all anesthetic procedures and is **NOT** optional. This provides immediate access to a main vein for emergency drug administration if needed. Providing IV fluids will aid in maintaining your pet's hydration, blood pressure, reduce the risk of kidney damage, and aid in a quicker recovery. *Proper administration of the IV Catheter requires our staff to shave the pets fur where the catheter will be placed.*

### IN THE EVENT OF AN EMERGENCY (choose and initial one):

I give consent to the staff at Mesa Veterinary Clinic and Paws N' Hooves Mobile Veterinary Services to make an effort to revive <animal> should any complication arise. I understand I will be financially responsible for the additional charges incurred starting at a minimum of \$75.

Do not resuscitate. I do not want any extraordinary measures taken in effort to revive <animal> should any complications arise.

Initial all additional services requested:  Rabies  Rabies License Renewal

Microchip  Heartworm test  Anal gland expression

Nail Trim  Ear Cleaning  Fecal  FTP  HWP

Dogs only:  DHPP  Bordatella  FLU

Cats only:  Feline 4 (FVRCP)  Leukemia (FELV)  Leukemia Test (FELV/FIV)

**What time did your pet last eat solid food?** \_\_\_\_\_ *(All patients undergoing anesthesia must be fasted 10 hours)*

when was flea and tick prevention given last? : Date: \_\_\_\_\_

when was heartworm prevention given last? : Date: \_\_\_\_\_

I understand that with any anesthetic procedure there is some risk involved. I give consent to perform the above procedure(s) and I will not hold Paws N' Hooves and Mesa Veterinary Clinic or its agents liable in any manner in connection with these procedures, INCLUDING THE POSSIBILITY OF DEATH. I acknowledge that no guarantee or



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assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the above listed phone number, you are directed to make the decision you deem best for my pet. *I agree to pay for all services rendered. I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE.*

**Owner/Agent Signature** \_\_\_\_\_ **Date <date>** \_\_\_\_\_

### Laser Treatment

CHART NUMBER <folder>

OWNER <contact> <client> PHONE NUMBER <cell-phone> ALT.PHONE NUMBER \_\_\_\_\_

PATIENT'S NAME <animal> SPECIES <species> BREED <breed> AGE<age-name> SEX: <sex-name>

We are pleased to offer the newest cold laser treatment technology to aid in healing and pain relief for your pet after surgery. Laser treatment is a very safe and proven method to accelerate healing time and minimize pain and inflammation. With your consent to administer post-operative laser treatment of your pet's incision. (\*\*We cannot perform laser treatment on mass removal surgical sites\*\*)

Please initial:

\_\_\_\_\_ I would love to reduce the time my pet will spend in an Elizabethan collar and would like to add the laser treatment for an additional \$25.

\_\_\_\_\_ I decline laser treatment.

Owner Signature: \_\_\_\_\_ Date <date>