



Anesthesia, Surgical, and Medical Release

Clients Name: _____ **Date:** _____

Pet's Name: _____

Reason for Admission: _____

I certify that I am the owner, or authorized agent for the owner of the pet(s) named above. I do hereby consent and authorize University Animal Hospital (UAH) and its staff to hospitalize this pet and perform the above described procedure(s), and administer vaccinations, medications, tests, surgical procedures, anesthetics and or treatments that the doctors deem necessary for the health, safety, and well-being of your pet while it is under the care and supervision of UAH. I have been advised as to the nature of the procedure(s) and the potential risks. I also understand that no guarantee of successful treatment or outcome can be made.

If this pet should injure itself in an escape attempt, refuse food, soil itself or become ill or die while in the hospital, I will hold UAH free of any responsibility and/or liability in the absence of gross negligence.

I realize that I am responsible for payment for the above procedure(s) and treatment(s) in full at the time the pet is discharged.

Signature: _____

Print Name: _____

I can be reached at the following numbers today

1st: _____

2nd: _____

3rd: _____

My pet last ate (Time & Date) _____

My pet is on the following medications:

Dental Release Rider

University Animal Hospital has informed me that a routine dental procedure may not be limited to a routine scaling and polishing. Removal of tarter may reveal a decayed tooth or teeth and/or an area of the mouth which may require additional procedures. Dental radiographs, tooth extraction(s) and/or minor surgery of the gum may be required. THESE PROCEDURES ARE NOT PART OF THE ORIGINAL ESTIMATED COSTS. I understand that unforeseen procedures may have to be performed on my pet and I consent to have these additional dental procedure(s) performed.

Signature: _____ Print Name: _____

A small percentage of dogs retain their deciduous (baby) teeth after their adult teeth grow in. We strongly recommend that these teeth, if present, be removed at the time that your pet is under anesthesia.

Please remove my pet's deciduous teeth today

Initials: _____

I decline to have my pet's deciduous teeth removed today

Large breed dogs often suffer from a condition called HIP DYSPLASIA. We are able to screen for this condition while your pet is under anesthesia. This assessment is done through pelvic examination, manipulation and radiographs.

Please perform this screening test on my pet today

Initials: _____

I decline this screening at this time

HOME AGAIN is an advanced pet identification system that could save your pet from being lost forever. A tiny, easily injected microchip identifies your pet. Permanent identification comes from a microchip that is quickly and safely injected into your pet by our trained staff. Each chip has a unique ID code specific to you and your pet that can be read with a hand-held scanner.

Please implant a HOME AGAIN microchip into my pet today

Initials: _____

I decline to have a microchip implant today