



# Randall Road Animal Hospital



## ANESTHESIA, SURGICAL AND MEDICAL RELEASE

Please Read Carefully

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Chart Number: \_\_\_\_\_

Procedure(s): \_\_\_\_\_

\_\_\_\_\_

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above and on the attached estimate, including the administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary and appropriate medical, radiological, surgical, nursing, diagnostic, and/or emergency care for the animal. I have been advised as to the nature of the procedures and the potential risks. I also understand that no guarantee of successful treatment can be made.

I have read and understand the reasons for and the risks of the above and attached authorized procedure(s), and assume full financial responsibility for all charges and services incurred to the described animal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

When did your pet last eat? (time/day) \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Phone number where we can reach you today: *(list times available if possible)*

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_