

**Surgical, Anesthesia, & Sedation Release Form KAC, LLC 2022-2023**

*\*Required field - Signature & Date Required\**

**Owner Contact Information:**

**Owner Name:** \_\_\_\_\_

**Animal(s) Name:** \_\_\_\_\_

**\*Cell Phone – (    ) \_\_\_\_\_ - \_\_\_\_\_    Alternate Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_**

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

**Would you like us to microchip your pet for \$45.00? Please Circle One -    Yes    No**

I have been advised to the nature of this procedure to be performed and the risks involved. I also understand that there is always a risk associated with any anesthetic episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand my pet will have an IV catheter and be kept on IV fluids while under anesthesia.

\_\_\_ **CPR** – In the event of an emergency I authorize for Cardiopulmonary resuscitation (~\$200)

\_\_\_ **DNR** – In the event of an emergency I DO NOT authorize Cardiopulmonary resuscitation

**Pre-operative blood work \$100.00 - \$165.00 (please inquire for specific pricing):**

\_\_\_ **Yes**, I elect to have a pre-anesthetic blood screen *\*required for pets 7 years or older\**

\_\_\_ **No**, I decline to perform a pre-anesthetic blood screen.

*\*If your pet is older than 7 years, we require a blood work which includes a complete blood count, chemistry panel, urinalysis, thyroid level.* If an abnormality is detected on the bloodwork, the veterinarian will notify you before performing the procedure.

All animals in hospital are required to be up to date on vaccines (14 days before scheduled procedure), free of parasites, fleas, and ticks. I understand if my animal is not up to date they will be vaccinated and medicated at the discretion of the veterinarian. I assume all financial responsibility for said treatments. In the event this account is referred to an outside agency, credit reporting bureau, or attorney for collection, I agree to pay all attorney fees, collection costs, court costs, and/or any other expenses incurred during collection. I hereby state that I have read this release, that I understand the agreement and that I may request a copy of this agreement. I have read and understand all KAC, LLC policies and agree to terms of KAC, LLC surgery and anesthesia policy.

**Release for treatment:** I hereby consent and authorize Knoxville Animal Clinic, LLC to administer such treatment, diagnostics, procedures, and surgery as they deem necessary for my animal. I understand that before surgery or anesthesia, it is a sound medical procedure to perform a pre-anesthetic blood screen on the animal for the purpose of discovering subclinical infections, underlying disease, anemia, or other medical abnormality to detect risk factors for procedures requiring anesthesia and/or surgery. I assume full financial responsibility for the animal(s) and I hereby certify I am the owner/agent for the above named pet(s). Knoxville Animal Clinic, LLC veterinarians, or staff members, will not be held liable in conjunction with procedures performed on my animal(s). The undersigned affirms the information provided above is correct and agrees to all conditions stated in this paragraph. I the undersigned do certify that I am the owner, or authorized agent of the owner of this animal(s). I hereby authorize Knoxville Animal Clinic, LLC, to perform medical or surgical procedures, physical examinations, anesthesia, x-ray, administer drugs, or other such treatment(s) as the veterinarian deems necessary for the patient(s) listed on this form. I agree to accept responsibility for the payment of all services rendered.

**\*Signature required:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_