

**EAST DALLAS VETERINARY CLINIC**

8541 Ferguson Road, Dallas, TX 75228

214-328-9935 FAX: 214-328-4378

**Anesthesia/Procedure/Surgical Release Form**

Owner's name: \_\_\_\_\_ Pet's name: \_\_\_\_\_

Doctor preferred: Dr. Cantrell Dr. Ellsworth Dr. Martin No preference

Date of last vaccinations per EDVC records: \_\_\_\_\_

REQUIRED: Telephone number where you can be reached during the surgical/dental procedure, if necessary: \_\_\_\_\_

Canine/Feline (circle one) Breed: \_\_\_\_\_ Sex: M F Altered? Yes No

Description/Color: \_\_\_\_\_

Please answer the following questions:  
\_\_\_ Yes \_\_\_ No Is your pet on heartworm prevention?  
\_\_\_ Yes \_\_\_ No Has your pet been checked for internal parasites within the past 6 months?  
\_\_\_ Yes \_\_\_ No Any vomiting, coughing or diarrhea noted?  
\_\_\_ Yes \_\_\_ No Has your pet eaten this morning?  
\_\_\_ Yes \_\_\_ No Has your pet been ill or injured in the past 30 days?  
\_\_\_ Yes \_\_\_ No Is your pet allergic to any medications? If so, what?

We recommend a blood panel be run before the surgery to help detect any internal problems that may not be evident upon physical examination. We recommend this blood panel if a current one has not been performed within the last two months. This process includes drawing a single blood sample and is very similar to what your own Physician would do prior to surgery. The cost of the blood panel is \$81.00. **Please initial one of the following:**  
\_\_\_ YES I do want the recommended blood panel \_\_\_ NO I do not want the recommended blood panel

For geriatric or high risk patients, we recommend using special anesthetic procedures (propofol, sevflorane), IV fluids, etc. Fees range from \$56.25-\$101.75 for cats and \$56.25-\$121.75 for dogs.  
\_\_\_ YES I do want the special anesthesia procedures \_\_\_ NO I do not want the special anesthesia procedures

I hereby give my consent to East Dallas Veterinary Clinic to perform the following procedures:  
1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_  
At the Doctor's discretion, IV induction anesthesia may be used at an additional cost, approximately \$10, primarily for the safety and comfort of dogs that are elderly, weigh over 40 pounds, or become fractious when being anesthetized.

**FERAL CATS** Typically, when feral cats are spayed/neutered and released back into their environment, it is customary for one of their ears to be surgically clipped as a universal sign they have been altered. There is no charge for this service. Please indicate your preference regarding this alteration. \_\_\_ YES \_\_\_ NO

We offer a pain package which is strongly recommended after surgeries and some dental procedures. This is an additional but minimal charge and allows your pet to be significantly more comfortable during recovery. **Please initial one:**  
\_\_\_ YES I do want the recommended pain package (Canine under 50# and Feline - \$34; Canine over 50#-\$44)  
\_\_\_ NO I do not want the recommended pain package

Also available at your request at additional charges:  
**Please initial if desired:**  
\_\_\_ Nail Trim \_\_\_ Express Anal Glands \_\_\_ Clean Ears \_\_\_ Micro Chip

I authorize the Doctors/Technical Staff of East Dallas Veterinary Clinic to administer medication, anesthetics and perform the above procedures on my pet. I am also aware that unforeseen events will not relieve me from any obligation to all reasonable costs incurred regarding my pet.  
I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the above named procedure(s).  
I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously.  
I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgement.  
I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize results cannot be guaranteed. The Hospital will use all reasonable precautions, but the Hospital will not be held liable or responsible for occurrences beyond its control.  
I agree to allow my pet(s) previous records to be released as needed for my pet(s) stay at the Hospital.  
I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand hospital staff will be utilized as deemed necessary by the veterinarian.  
I have read and understand this authorization and consent.

**Please note:** Any pet found to be carrying fleas and/or ticks will be treated at an additional expense.

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