**GRANT ANIMAL CLINIC – ANESTHESIA WAIVER FORM**

**OWNER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PET**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROCEDURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PET’S WEIGHT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHEN DID YOUR PET LAST EAT OR DRINK**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOES YOUR PET HAVE HEALTH ISSUES WE NEED TO KNOW ABOUT? IF YES, LIST BELOW**:

**FOR TUMOR/GROWTH REMOVALS:**

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEND OFF FOR HISTOPATHOLOGY? YES NO

**FOR DENTALS:**

IS YOUR PET CURRENTLY ON ANTIBIOTICS? YES NO EXTRACTIONS APPROVED? YES NO

IF THERE ARE EXTRACTIONS, WE HIGHLY RECOMMEND ANTIBIOTICS & PAIN MEDS. APPROVED? YES NO

**ROUTINE SURGERY:**

IF PREGNANT, CONTINUE? YES NO IF CRYPTORCHID, CONTINUE? YES NO

**OTHER RECOMMENDED SURGERY SERVICES (CIRCLE):**

IV FLUIDS LASER SURGERY PAIN MEDICATION PRE-ANESTHETIC BLOODWORK

**ROUTINE SERVICES (CIRCLE):**

HEARTWORM TEST HEARTWORM 4DX TEST FELV TEST FECAL FLOAT DEWORM

CLEAN EARS ANAL GLANDS CLIP NAILS MICROCHIP BATH/GROOM

**VACCINATIONS (PLEASE LIST):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATION REFILLS (PLEASE LIST):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***IF THERE ARE COMPLICATIONS, RESUSCITATE? YES DNR INITIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**WAIVER FOR ANESTHETIC USE:**

**I HEREBY AUTHORIZE GRANT ANIMAL CLINIC AND ITS STAFF TO PERFORM THE ABOVE PROCEDURE(S) ON MY PET AND AGREE TO PAY FOR SERVICES IN FULL AT TIME OF PICK UP. I IUNDERSTAND AND ACCEPT THE RISK OF ANESTHESIA AND UNDERSTAND THAT THE RISK COULD BE LIFE THREATENING AND I AUTHORIZE ITS USE ON MY PET. I UNDERSTAND THAT NO SURGICAL RESULT IS GUARANTEED. I UNDERSTAND THAT GRANT ANIMAL CLINIC AND ITS STAFF WILL TAKE CUSTOMARY PRECAUTIONS FOR MY PET WHILE IN THEIR POSSESSION AGAINST INJURY, ESCAPE, OR DEATH AND DO NOT HOLD THEM LIABLE IN ANY SUCH EVENT.**

**OWNER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WITNESS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**