



Moon Mobile Veterinary Services  
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## *Anesthesia, Surgical, and Medical Release*

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----- **Please Read Carefully** -----

Client's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

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

Procedure: \_\_\_\_\_

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal described above. I authorize the doctor and assistants to perform the procedures listed above, including 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 my pet. 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 can be made.

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

### *Resuscitation Code*

RED: Do Not Resuscitate \_\_\_\_\_ (If my pet has an anesthetic or surgery emergency, do NOT treat – let normal/ natural processes occur.)

YELLOW: Attempt to Resuscitate \_\_\_\_\_ (If my pet has an anesthetic or surgery emergency, please commence CPR or administration of any additional drugs, medications necessary to prolong life.)

Signature of client/ agent: \_\_\_\_\_

Print name: \_\_\_\_\_

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

When did your pet last eat? \_\_\_\_\_

Phone numbers where you can be reached today: (please list times available if possible)

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Staff Signature: \_\_\_\_\_