



Health Clinic Anesthesia Release Form

Owner Name: _____ Phone Number: _____

Patient Name _____

Date and time of last meal: _____

Current medications including dosages _____

And when they were last given: _____

Pertinent past medical history (i.e. heart murmur, diabetes, arthritis, renal failure):

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Dr. Brad Kissell, VMD, Dr. Andrew Weikert, DVM, their agents, servants, and/or representatives full and complete authority to perform the appropriate anesthesia needed to perform the appropriate health clinic testing I elected to be performed on my pet and to perform any other procedure that, at their discretion, may be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said Doctor, his agents, servants, or representatives from any and all liability arising from said anesthesia on said animal. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type, and they have been explained to me well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the service and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed.

Signature _____ Date: _____