



5432 Sunset Lake Road  
Holly Springs, NC 27540  
(p) 919-362-1223 (f) 919-362-5087  
info@hemlockbluffs.com

### PROCEDURE RELEASE FORM

Date: \_\_\_\_\_ Pet Name(s): \_\_\_\_\_ Tech: \_\_\_\_\_

**MY PET HAS BEEN FASTED** YES \_\_\_\_\_ NO \_\_\_\_\_

**CURRENT MEDICATIONS** (this includes chronic medications, supplements, herbal or holistic medications, etc.): \_\_\_\_\_

#### RELEASE

I hereby consent and authorize Hemlock Bluffs Animal Hospital to perform \_\_\_\_\_ upon my pet. **I have been informed of the possible risks and complications associated with this procedure and have no further questions regarding the procedure.** I understand that if I have questions regarding the procedure or the potential complications that I have the right to request a doctor consultation prior to the procedure.

#### ANESTHETICS AND SEDATIVES

If sedatives, IV anesthesia or general anesthesia are used for this procedure, I understand that there is an inherent risk in using these medications due to the fact that any sedative has effects on the cardiovascular system. In addition, *though rare*, adverse reactions can occur which can result in permanent physical deficits or death.

#### REQUIRED VACCINATIONS AND TESTS

I understand that all pets entering the hospital must be up to date on all **vaccinations, heartworm tests and fecal tests** and that my doctor will update my pet if he/she is overdue for any of these procedures at additional cost to me. I further understand that if there are any external or internal parasites found on my pet, they will be treated at an additional cost.

**Owner initials:** \_\_\_\_\_

#### PRE-ANESTHETIC/PRE-SEDATIVE BLOOD WORK

Blood work is **strongly recommended** if any anesthetics or sedatives will be used. Blood work helps our doctors to determine if the organs necessary for processing anesthetic drugs are in good health and helps to decrease the chance of complications.

I choose the pre-anesthetic/pre-sedative blood work and understand there is an additional charge.

I decline the blood work.

#### ADDITIONAL PROCEDURES IF DESIRED

\_\_\_ Nail trim \_\_\_ Ear cleaning \_\_\_ Microchip (**\$10 off if under anesthesia**)

**YOU MUST LEAVE EMERGENCY CONTACT NUMBERS:**

**Emergency #** \_\_\_\_\_ **Additional Emergency #** \_\_\_\_\_

I have read the foregoing and agree to all conditions mentioned above. I also state that I am the owner of (or agent for the owner of) \_\_\_\_\_. I understand that full payment is due at time of pickup and if I want an estimate for the procedure I must request that now.

\_\_\_\_\_ **SIGNATURE**