



Brenham
Veterinary
Hospital

2455 US Hwy. 290 West
 Brenham, Texas 77834
 Phone: (979) 836-2472
 Fax: (979) 836-0237

Surgery Date _____

Lab work-Done _____

Release Form-Anesthesia (Dental, X-Rays, Surgery)

Owner Name: _____ Pet Name: _____

Phone #s: Home (_____) _____ - _____ Work (_____) _____ - _____

Emergency # – What is the best number to reach you at today. (_____) _____ - _____ Text or Call

E-Mail address: _____ **NPO status- Yes or No**

Reason for Visit (Check all that apply):

Dental/Teeth Cleaning *The doctor has my permission to extract teeth. Yes No
 Spay Neuter Declaw Surgery (Other : _____)

| Pre-OP Options | Accept | Decline | Cost | Pre-OP Options | Accept | Decline | Cost |
|-------------------------------|--------|---------|---------|-------------------------------------|--------|---------|--------------------|
| CBC | | | \$42.00 | Heartworm Occult | | | \$29.75 |
| Pre-Anesthetic Profile (PREP) | | | \$86.75 | FeLV/FIV Test | | | \$48.00 |
| IV Catheter | | | \$27.25 | Microchip Implant | | | \$51.25 |
| Fluids | | | \$46.25 | In heat or Pregnant | | | \$50.00 - \$100.00 |
| Laser Treatment (spay/neuter) | | | \$15.00 | Laser Treatment (wound or other sx) | | | \$50.00 |
| Histopath | | | varies | Vaccines (must have current rabies) | | | varies |

All canine surgeries will have an IV catheter placed*

If recommended procedures are not chosen, please read and sign off on the following statement.

I have elected to refuse the above recommended procedures and request that you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such condition goes undetected when my pet is placed under anesthesia.

Pain Management

Pets feel pain just as we do. We will administer a pain medication before surgery and in some cases send it home after surgery. Advances in pain technology have enabled us to safely treat pain in your pet which will help him/her to feel more comfortable and heal faster after surgery.

Your signature below provides acknowledgement of having read and agreed to information and consents contained within this anesthesia information and release form.

Signature: _____ Date: _____ Admitting Staff Member: _____