



1001 West 15<sup>th</sup> Street Edmond, OK 73013 405.348.6580 [www.pmcofedmond.com](http://www.pmcofedmond.com)

## General Anesthesia / Surgery Release Form

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

Owner's/Pet's Name: \_\_\_\_\_

Phone number where client can be reached today: \_\_\_\_\_

Emergency contact and phone number: \_\_\_\_\_

*I certify that I am the owner/caretaker of the above named pet and that I hereby authorize Pet Medical Center of Edmond to care for the animal by performing the procedure(s) listed below:*

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I have been advised of the nature of the procedure(s) involved. I understand, as with any procedure, that there are possible complications to the aforementioned procedure(s).

1. The common anesthetic reactions are lethargy/drowsiness and nausea usually lasting no more than 24 hours.
2. If your pet has a medical condition (for example heart, liver or kidney disease, diabetes, anemia, dehydration, or an infection like heartworm disease), there is an elevated risk of complications from anesthesia.
3. If a pet isn't fasted properly prior to anesthesia, he or she can encounter problems like vomiting either during or shortly after being anesthetized. This can result in aspiration pneumonia, which is a very serious condition.
4. Other complications from anesthesia, though rare, include blood clotting disorders, problems with eyesight, seizures, and kidney, liver or heart failure.

While Pet Medical Center of Edmond will do everything possible to avoid these, I've been made aware of possible complications. Should an emergency arise calling for procedures in addition to or different from those now contemplated, **I further request and authorize whatever emergency treatment is necessary.** I agree to pay in full for all services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

Occasionally, sedation and/or anesthesia may become necessary for the comfort and safety of your pet. While I understand that Pet Medical Center of Edmond uses only safe and approved sedatives and anesthetics, **I also understand that no sedative or anesthetic is risk free.** With that knowledge, I hereby authorize Pet Medical Center of Edmond to sedate or anesthetize the above mentioned animal if required for the procedure(s) described above. I also release the staff of Pet Medical Center of Edmond from any and all claims, except claims for negligence, arising out of or connected with the performance of the requested care and/or treatment.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_