

## PROCEDURE RELEASE FORM

Owner:  
Street:  
City:  
Phone:

Patient:  
Breed:  
Sex:  
Age:

I, the undersigned, do hereby certify that I am at least 18 years of age and the owner (duly authorized agent for the owner) of the animal described above and acknowledge that any misrepresentation herein releases Rosehill Veterinary Hospital from any and all liability. I do hereby give Joseph A. Geer, DVM, Susan C. Randall, DVM. and/or his agents, servants, and/or representatives full and complete authority to perform the surgery or procedure described as and to perform any other procedure that, in an emergency, 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 surgery or procedure on said animal. Any estimates given only approximate the cost of this visit. It does not include any treatments that may be deemed necessary upon examination and commencement of the included treatments. You are responsible for all fees incurred during this visit included or not on this document. I further verify that my answers to the questions below are correct to the best of my knowledge.

- \* Has your pet ever had any previous problems with anesthesia? Yes \_\_\_ No \_\_\_
- \* Does your pet have any known allergies to any medications? Yes \_\_\_ No \_\_\_
- \* Does your pet have any history of seizures? Yes \_\_\_ No \_\_\_
- \* Is your pet on behavioral modification drugs? Yes \_\_\_ No \_\_\_
- \* List all medications or supplements below

Medications and doses	Most recent dose times
_____	_____
_____	_____
_____	_____
_____	_____

**Food Fast Since:** \_\_\_\_\_

**Medications Given this A.M.** \_\_\_\_\_

\* **Emergency Phone Number:** \_\_\_\_\_

It is important that you be available at this number, as it may be used to contact you while your pet is undergoing the procedure should the need arise.

How would you like us to notify you when your pet wakes from anesthesia?

- Text message sent to (\_\_\_\_) \_\_\_\_\_
- Phone call to (\_\_\_\_) \_\_\_\_\_
- E-mail to \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**On the day of your pet's procedure, please call us around 4:00pm for a status report on your pet, 614-868-5000.**