MYRES ANIMAL HOSPITAL

1710 WESTOVER DR. SANFORD, NC 27330 PH. 919-775-2258 FAX 919-775-3651

ANESTHESIA, SURGICA	L RELEASE, & MONITORING FORM

I hereby authorize Myres Animal Hospital to place					under anesthesia to perform the below listed				
procedure(s). T with the use of of the procedu patient is being	he nature of sucl anesthesia. I rea re. I understand	n service has bee lize that no guar that I assume a ne hospital. By s	en described to r antee nor warra Ill financial respo signing below, I a	ne to my satisface nty can ethically consibility for sen am stating that I	ction & I underst or professionally vices rendered, a	and that compl be made regar that paymen	ications can occur ding the outcome t is due when the 'or are authorized		
PATIENT NAME PROCEDURE(S)									
SIGNED			PRINTED NA		DATE				
We are unable	re is a Dental Pro to know if addition	onal treatment i	s needed until th	ne teeth have be	en cleaned, prol	oed, & examine	dontal treatment. d. These		
I WOULD LIKE 1 the recommen	e of the following O BE CALLED PR ded additional pr ire additional and	IOR TO ANY ADD	OITIONAL PROCE ot be performed	DURES. By signi d & my pet will n	ng this I realize t	hat if I cannot b	e reached that		
number links th court in the eve Would you like YES E PLEASE LIST AN	nem to your cont ent you had to pr e to have your pe mail	act information ove ownership. It microchipped	while they are u	vith your pet & is under anesthesia	the only form of today? PLEASI NO Please list in the	f identification CHECK YOUR ALREADY HA	that holds up in CHOICE BELOW: AS ONE ike us to call. It is		
ANESTH	IESIA USED:	ANESTHES	TIME A	MONITORING: DMINISTERED: _ SX START: RUN FLUIDS	SX/A	NESTHESIA STC	P:		
TIME	HR	ВР	RESP	ISO/O2	COLOR	CRT	ANESTH OK?		