

69999 Barton Road
St. Clairsville, OH 43950
(740) 695-9441



General Anesthesia Release Form

Owner: _____
Phone number: _____

Patient: _____

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the pet listed above. I authorize the doctors and staff of Kindler Animal Hospital to perform the procedures listed on the estimate for my pet. I also authorize the administration of pain relieving, sedating, and anesthetizing medications, and necessary and appropriate medical, surgical, diagnostic, nursing and emergency treatments for my pet. I understand the need for and potential risks of these procedures, and that no guarantees of treatment are made.

Kindler Animal Hospital offers the safest anesthetic and surgical procedures available for your pet; however, there is always an element of risk with any anesthetic procedure. Occasionally, problems may occur during or after any medical or surgical procedure. For example, nausea, diarrhea, adverse drug reactions, prolonged recovery and rarely death may occur.

We require that all pets have blood tests and/or other screening tests prior to administering anesthesia. These tests help identify underlying problems which may increase risks to your pet during anesthesia and in the future. If a problem is detected, we may cancel the procedure and address the issue that has been found.

I have read and understand this form and accept responsibility for payment of all charges incurred and services provided to my pet by Kindler Animal Hospital.

Signature: _____

Date: _____