

# Stoneside Veterinary Hospital

Timothy Gaffrey, D.V.M.  
38111 US 290  
Waller, TX 77484  
Telephone (936)931-2244

## Anesthetic/Sedation Release Form

|                                                                                                 |                            |                |  |
|-------------------------------------------------------------------------------------------------|----------------------------|----------------|--|
| Client's Name:                                                                                  | Pet's Name:                |                |  |
| <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other: _____ | Age: _____ Years OR Months | Sex: M CM F SF |  |
| Date:                                                                                           | Procedure:                 |                |  |

### Routine Questions:

INITIAL



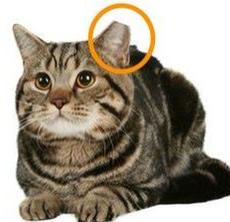
- When was the last time your pet ate? \_\_\_\_\_
- Has your pet had any aspirin or other medications within the last 48 hours? **YES or NO** \_\_\_\_\_
- If 'YES' to above question:  
Medication: \_\_\_\_\_ Given last? \_\_\_\_\_

### FOR DOGS:

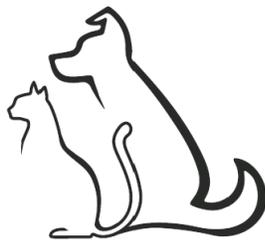
- Rabies and DAPP vaccines are REQUIRED with proof.
  - We offer these vaccines at a cost of: Rabies - \$15; DAPP - \$33.50. \_\_\_\_\_
  - Which vaccines would you like us to do today? \_\_\_\_\_
- Would you like us to perform a Heartworm test on your pet? **YES OR NO** \_\_\_\_\_
  - This test is highly recommended if not already done
  - This is offered at an additional cost of \$39.50
- Would you like for us to extract deciduous (baby) teeth? **YES OR NO** \_\_\_\_\_
  - If any are found in your pet during an exam, Dr. Gaffrey will discuss this with you. This is an additional charge that ranges between \$10.00 to \$50.00.

### FOR CATS:

- Would you like us to perform a Feline Leukemia Virus/FIV test? **YES OR NO** \_\_\_\_\_
  - This test is an additional \$50.25
- Has your pet had the Rabies, FELV, or RCCP vaccine? **YES OR NO** \_\_\_\_\_
  - If yes, please provide proof. **\*\* Rabies is REQUIRED\*\***
  - We offer the vaccines at a cost of: Rabies- \$15.75, FELV-\$29.50, RCCP- \$26.00
  - Which vaccines would you like us to do today? \_\_\_\_\_
- If feline is a feral/stray would you like for us to tip the ear? **YES OR NO** \_\_\_\_\_
  - Ear tipping involves removing the tip of the ear during surgery; it is a permanent visual indicator that the cat is fixed already. **\*\*Free of charge\*\***



CHECKED IN BY: \_\_\_\_\_



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**FOR BOTH:**

INITIAL

- Elizabethan collar (cone) - Highly recommended as any licking or chewing of the incision after discharge that results in trauma to the surgery site will require extra care at your cost. This is an additional cost of \$20-\$35. **YES OR NO** \_\_\_\_\_
- Pain medication at the time of surgery (both dogs and cats) and to go home (dogs only) is INCLUDED. **YES OR NO** \_\_\_\_\_
- Would you like for us to insert a Microchip into your pet? **YES OR NO** \_\_\_\_\_
  - In the event your pet gets lost, this chip can be scanned at any local pet store/vet office and will pop up with owner's and pet's information. This is an additional charge of \$49.75.
- Would you like your pet to have Pre-anesthetic bloodwork done? **YES or NO** \_\_\_\_\_
  - This checks to make sure organs are functioning properly along with your pet's hydration status, anemia, infection, blood clotting abilities, etc. before putting your pet under anesthesia. This is an extra cost of \$93.25 (This is REQUIRED for all pets over 5 years of age).

I certify that I am the owner, or authorized agent of the owner, of the above animal. I hereby consent to and authorize the doctors and staff at Stoneside Veterinary Hospital to admit this pet, perform the above described procedures, and administer, medications, anesthesia, surgical procedures, tests and/or treatments that the doctors deem necessary for its health, safety and well-being while under their care and supervision. I have been advised of the nature of the procedures and the potential risks and benefits. I understand that veterinary medicine is an inexact science and that no guarantee of successful treatment can be made. I also understand that if fleas or ticks (or signs of these) are found on my pet, treatment will be administered at my cost.

I acknowledge that I am responsible for my payment in full for the above procedures and treatments at the time my pet is discharged.

\_\_\_\_\_  
*Printed Name* \_\_\_\_\_  
*Signature of Owner/ Authorized Agent*

- I can be reached at the following number(s):  
\_\_\_\_\_ , \_\_\_\_\_
- If I am not available, please call my alternate contact:  
Name: \_\_\_\_\_ Number: \_\_\_\_\_

CHECKED IN BY: \_\_\_\_\_