

ANESTHESIA RELEASE FORM
ALL CAT CLINIC
3998 S BROADWAY ENGLEWOOD, CO 80113
(303) 781-8540

___ I understand that during the performance of procedures for the above situation(s), unforeseen conditions may be revealed that necessitate an extension of the procedure(s), or even necessitate a different procedure(s) than what had previously been noted. In the event of any changes, every effort will be made to contact me. If no contact is made, I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the Veterinarian's judgment.

___ I authorize the use of appropriate sedatives and/or anesthetics, and the administration of other medications as deemed necessary by the Veterinarian. I understand that the hospital staff will be utilized as deemed necessary by the Veterinarian.

___ I acknowledge that no guarantee has been made of the results of the treatment/surgery/dentistry, and that risks and possible complications exist in any surgical/dental/ or medical treatment or procedure.

DATE: _____

SIGNATURE _____

Phone Number(s) where you can be reached

#1 _____

#2 _____