

**-Welcome-**  
**Anesthetic Release Form**  
**Amberly Village Veterinary Hospital**  
329 Sembler Lane, Cary NC 27519 (984) 238-2284

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**Client Information**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Surgery Date \_\_\_\_\_

Best phone number the day of surgery \_\_\_\_\_ Alternative \_\_\_\_\_

Surgery Procedure \_\_\_\_\_

**Pet Information**

Pet's name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

Sex: ( ) Male ( ) Male Neutered ( ) Female ( ) Female spayed

Is your pet currently taking any medications? ( ) No ( ) Yes 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Is your pet allergic to any medication that you know of? ( ) No ( ) Yes 1. \_\_\_\_\_

Due to the nature of anesthesia there is always some inherent risks involved in any patient. Amberly Village Veterinary Hospital has the equipment, the knowledge, and the skills to keep this risk to a minimum. Your signature below will release all liability of Amberly Village Veterinary Hospital regarding this anesthetic procedure. In addition, and in the unlikely event your pet experiences a life threatening situation under anesthesia, it is important we understand and follow your requests. We know these are difficult and uncomfortable decisions, but should a life threatening condition arise during anesthesia ....

1. I ask Amberly Village Veterinary Hospital to perform emergency resuscitation procedures.

Signature \_\_\_\_\_

2. I ask Amberly Village Veterinary Hospital **NOT** to perform emergency resuscitation procedures.

Signature \_\_\_\_\_

Now, with that behind us.... our hospital will take every precaution to achieve a smooth and safe outcome. Our staff will contact you soon after the procedure....so go on and enjoy your day. We will see you after recovery....

**Stan Wallace DVM**