



Aliso Beach
Animal Clinic

PATIENT INFORMATION STICKER

ANESTHESIA, SURGERY, and MEDICAL RELEASE

Date: _____

Procedure(s): _____

TIME PATIENT LAST ATE: _____

I AUTHORIZE:

Current Medications/Last Given: _____

Nail Trim (included)

Light Ear Cleaning

unless any ongoing treatments

Microchip

In Case of Cardiac or Pulmonary Arrest, please indicate if you wish for us to resuscitate your pet:

____ YES, Perform CPR	____ NO, Do Not Resuscitate
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____ I, the undersigned, certify that I am the owner or authorized agent of the animal described above.

____ I authorize the doctor on duty and assistants to perform the procedures listed above and on the attached estimate, including administration of pain relief medications, sedatives and/or anesthetics, as well as any necessary and appropriate medical, radiological surgical, nursing, diagnostic, and/or emergency care for the animal.

____ I have been advised as to the nature of the procedures and the potential risks.

____ I have read and understand the reasons for and the risks of the above and attached authorized procedure(s), and assume full financial responsibility for all charges and services incurred to the described animal.

____ SPAYS ONLY: If applicable to today's procedure, I understand that there may be additional charges if my pet is found to be pregnant or in heat at the time of surgery.

Do we have permission to post pictures of your pet to our social media pages? YES NO

Best Phone Number(s) to be Reached at Today: _____

Signature of Owner/Responsible Party

Date

Signature of Staff Member

Date