

HERBST VETERINARY HOSPITAL  
1376 SOUTH MAIN, BOERNE, TX 78006  
PHONE: (830) 249-3543 FAX: (830) 249-3545

**ANESTHESIA/SEDATION RELEASE**

CLIENT: \_\_\_\_\_ PET: \_\_\_\_\_

I consent to the administration of anesthesia/sedation to my pet by or under the direction of the Doctors employed by Herbst Veterinary Hospital. I understand the nature and purpose of this procedure and all possible risks involved. I acknowledge that NO GUARANTEE OR ASSURANCE has been made as to the results of the procedure.

**I authorize Herbst Veterinary Hospital to perform the following procedure(s):**

\_\_\_\_\_

Tissue removals: We Recommend Histopathology YES \_\_\_\_\_ NO \_\_\_\_\_

**OTHER THAN SCHEDULED SERVICES**

If any unforeseen condition or problem is discovered during your pet's surgery, our hospital staff will contact you. **WE MUST BE ABLE TO CONTACT YOU.** If in the event our hospital is unable to contact you, any treatment/procedure that our Doctors deem necessary will be preformed.

**I understand that my pet will receive a pain injection after any invasive procedure.**

The Doctors strongly recommend a pre-sedation blood screen prior to anesthesia; especially pets over 8yrs of age. This will tell us how well the kidneys and liver can metabolize the anesthetics.

I request a pre-sedation blood screen prior to anesthesia. YES \_\_\_\_\_ NO \_\_\_\_\_

To help in metabolizing the anesthesia and aid in a safe and faster recovery time, Our Doctors recommend IV Fluids during surgical procedures.

I request IV Fluids for my pet during Anesthesia and Recovery. YES \_\_\_\_\_ NO \_\_\_\_\_

If recommended, I request a dental cleaning and polishing for an additional fee. (any extractions are at an extra fee) YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE (where you can be reached today) : \_\_\_\_\_

ALTERNATE PHONE (if unable to reach at primary): \_\_\_\_\_