

AA Animal Imaging, LLC
Anesthesia Release Form

Owner Name: _____

Primary Contact #: _____ Alternate Contact #: _____

Patient Name: _____ **Breed:** _____

Procedure: _____

What time did Patient last eat anything? _____ What time did Patient last drink _____

Has the Patient received any medications in the past 24 hours? _____ If yes, time _____

Current Medications: _____

Patient Allergies: _____

You must read and initial the paragraphs below:

I verify I am the owner or duly authorized agent for the owner of the above-named Patient and consent to and authorize performance of the procedure(s) noted above.

I understand there are inherent risks involved when performing imaging studies. Those risks are complications ranging from mild allergic reactions to death. I authorize additional treatments and life saving measures if such reactions should occur and understand I am responsible for any additional charges which may be incurred. _____(initial)

I understand anesthesia may be a necessary part of the procedure and further understand risks are associated with any anesthesia administration, including death, even in apparently healthy animals. I fully understand these risks and hereby authorize the use of anesthesia as deemed necessary by the veterinarian for the performance of the procedure. _____(initial)

I understand an intravenous contrast agent may be a necessary part of the procedure and further understand there are risks associated with the administration of intravenous contrast agents, including an allergic reaction which may result in death. I fully understand these risks and hereby authorize the use of an intravenous contrast agent as deemed necessary by the veterinarian for the performance of the procedure. _____(initial)

I understand blood work must be performed within one week prior to the imaging procedure. Blood work test results are used to identify potential contraindications of performing the procedure. If blood work has not been previously performed, it will be conducted by AA Animal Imaging, LLC prior to the procedure. If the blood test results are not favorable to conducting the imaging procedure, we will contact you prior to proceeding and may need to reschedule the study. This blood panel is an additional cost of \$185.00. _____(initial)

I understand intravenous fluids will be given for up to three hours following the procedure to remove any contrast agent from the body. During this time the Patient will be monitored by staff. I understand it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of additional procedures as deemed necessary by the veterinarian. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. _____(initial)

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In the event of cardiac and/or respiratory arrest, choose **one** of the following:

I request the staff perform cardiopulmonary resuscitation (CPR) on my pet. I understand I will be responsible for payment of additional fees associated with this treatment. _____(initial)

I request the staff DOES NOT RESUSCITATE my pet in the event of cardiac and/or pulmonary arrest. _____ (initial)

By signing below I acknowledge I have read and fully understand this Anesthesia Release Form and have had an opportunity to ask questions and am satisfied with the information provided in response to those questions.

Owner Signature: _____ Date: _____

Witness Signature: _____ Date: _____