



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