

# ANESTHESIA / SURGERY CONSENT & RELEASE AUTHORIZATION

Owner Name:		Phone:	
Patient Name:			Date:
Breed:	Gender:	Color:	Age:
Procedure Scheduled:			
Low End of Estimate:	High End of Estimate:	Required Deposit:	

*Please initial each box below.*

### Client Acknowledgements:

- The procedure(s) will be performed under general anesthesia. I understand that there are certain risks to anesthesia that could involve serious bodily injury or death which include, but are not limited to anaphylactic shock, cardiac arrhythmia, and allergic reactions.
- I acknowledge that anesthesia induction and maintenance of general anesthesia is accomplished by the use of an endotracheal tube and that there are inherent risks related to endotracheal intubation. These risks are present in any procedure that requires a general or intravenous anesthetic.
- In addition, it has been explained to me that recovery from general anesthesia has potentially life-threatening risks. Such risks include, but are not limited to fractured limbs, myositis, and radial nerve paralysis.
- Major risks of the surgery/procedure to be performed including the risk of death while under anesthesia have been discussed with me by my veterinarian or a member of his or her clinical staff.
- Complications are a part of the risk in medical/surgical procedures. I understand that unforeseen complications or changes in my animal's condition may occur during the hospital stay or after discharge. These complications/changes may increase my bill. I agree to ask for billing updates as I receive updates on the condition of my horse/animal.
- All patients are continuously monitored by a Veterinarian or Registered Veterinary Technician trained in equine anesthesia. Any changes in my animal's condition will be communicated to me as soon as possible.

### Anesthesia / Surgery Consent and Authorization:

- The above policies have been explained to me and any questions I may have about such policies have been answered. I hereby authorize the doctors and technicians to administer treatment as is considered therapeutically and/or diagnostically necessary on the basis of their findings. I also consent to the administration of anesthetics and surgical intervention if necessary. I consent to the release of medical information to my insurance company, if applicable. Owner does hereby release, waive, and discharge Steinbeck Peninsula Equine Clinics' veterinarians, technicians, employees and associates from liability and to hold harmless, defend and indemnify the same from any claims made by owner arising directly or indirectly from any veterinary service performed on patient. While we are happy to work with you in presenting your claim to any applicable insurance, we do not bill insurance. Owner is responsible for payment of all charges incurred during hospitalization, which are due at the time of discharge.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



STEINBECK★PENINSULA

EQUINE CLINICS

[steinbeckpeninsulaequine.com](http://steinbeckpeninsulaequine.com)

**Monterey Bay/Salinas Area:**

15881 Toro Hills Avenue, Salinas, CA 93908 | (831) 455-1808

**San Francisco Bay Area:**

100 Ansel Lane, Menlo Park, CA 94028 | (650) 854-3162  
At the Portola Valley Training Center