

ANESTHESIA RELEASE

I, the undersigned, agree to the sedation and or surgical anesthesia of my pet by the doctors and medical staff of Van Buren County Veterinary Clinic. I understand there are inherent risks associated with anesthesia, but when properly done the risks are minimal. I have been informed that complications may include adverse reactions to the anesthetic agents used including but not limited to anaphylaxis, depressed respiration, depressed heart rate and or cardiac arrest and death. I understand that although rare, these complications do happen and every effort will be made to ensure my pet does not have any complications during his/her sedation.

Being so informed, I therefore release from liability the doctors and staff of Van Buren County Veterinary Clinic should my pet experience complications while under anesthesia or during the recovery period.

Owner/Agent signature Date

Name of Pet Procedure to be performed