



Jeronimo Pet Clinic



25571 Jeronimo Rd.
Mission Viejo, CA 92691
(949)830-7387

Anesthesia Release Form

I, the undersigned, owner or authorized legal agent of admitted patient, authorize **Jeronimo Pet Clinic** (its doctors and staff) to administer such treatments and anesthetics, both standard and emerging as are necessary to perform the above mentioned procedure. Further, I understand why such diagnostic, medical, and/or, surgical are recommended. Their advantages and possible complications, as well as possible alternative modes of treatment, have been explained to me. I understand that no guarantee of successful treatment is either made or implied. I understand that it is hospital policy that all charges are due payable upon my pet's release, unless other arrangements have been made.

I DO I DO NOT Consent to the administration or such anesthetics are necessary.

I DO I DO NOT Authorize Emergency treatment without my approval.

Animal Name: _____

Owner Signature: _____

Date: ____/____/____

Emergency Telephone Number: (____) _____

