



Avian Surgical / Sedation Release Form

Owner: _____ Patient: _____ Date: _____

As the owner or agent of the above avian, I hereby give my consent to Poquoson Veterinary Hospital to perform the following procedure _____

PREANESTHETIC BLOOD TESTING

Before putting your bird under anesthesia, we will perform a full physical examination. In addition to the exam, a blood analysis can reveal underlying problems that may not be outwardly visible.

The doctor may recommend preanesthetic bloodwork.

_____ I AUTHORIZE – THE DOCTOR RECOMMENDED BLOODWORK

_____ I DECLINE – THE DOCTOR RECOMMENDED BLOODWORK

MICROCHIP IMPLANTATION

Microchipping is a safe, permanent way to identify your pet. A tiny computer chip about the size of a grain of rice is injected by a veterinarian or licensed technician, just under the pet's skin. Animal hospitals, shelters and humane societies across the country use microchip scanners to detect the ID number contained on the chip. The database then matches that ID number to your name and the emergency contact numbers that you provide to the registry. Manufacturers of the microchips provide the scanners to hospitals and shelters across the U.S. and Canada.

MICROCHIP _____ I AUTHORIZE _____ I DECLINE

PAIN MANAGEMENT

Surgical analgesics (painkillers) provide comfort, reduce stress and allow for a smooth recovery from surgery. An injection will be administered to help keep your bird comfortable.

** A licensed technician or veterinarian closely monitors each patient that undergoes any anesthetic procedure. In addition, our hospital is equipped with medical devices that monitor your pet's heart rate, ECG, respiratory rate, etc. while your pet is under anesthesia.*

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure set above. I expect Poquoson Veterinary Hospital to use reasonable care and judgment in performing the procedure. The nature of the procedures and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure will not relieve me from any reasonable costs incurred regarding this bird.

Signature of owner/agent _____

Today's phone number (contact 1) _____

(contact 2) _____