

Willamette Valley Animal Hospital of Gladstone - Anesthetic/Procedure Consent Form

Client Name: _____

Patient Name: _____ **Surgery Date:** _____

Is your pet currently on medication? No ___ Yes ___, if Yes, what medication and when was it last administered?

Would you like post-op sedatives for your pet? Yes___ No ___

In the event my pet has fleas, I agree that treatment will be administered in order to avoid contaminating other patients. Pets with fleas will be treated with CAPSTAR (\$7.75 fee). _____ Initial

You may request a Preferred Alternate Flea Control Preference _____.

All surgeries are to check in between 8:00am and 9:00am the day of their procedure. This allows us to maintain a proper surgery schedule and provide patients with necessary pre-surgery treatments. We anticipate patients having routine procedures may be ready as soon as the afternoon of their procedure, but ask that you understand unforeseen circumstances (i.e. emergencies or longer than anticipated procedures) may cause your pick-up times to be later in the day than. We ask that you remain calm and patient.

Upon picking up my pet(s), I understand that payment is due in full. This facility accepts cash, debit, Visa, MasterCard, Discover, American Express, & Care Credit, but DOES NOT ACCEPT CHECKS.

I also understand that a carrier must be provided for my cat at the time of pick up or one will be provided for me at an additional cost of \$7.00.

I authorize Willamette Valley Animal Hospitals to perform the above procedures on my pet today, and I understand that there may be risks, especially with anesthesia. I expect all procedures to be done to the best of the abilities of the professional staff. I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I also authorize the hospital director and staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as necessary for the well being of my pet. I understand that they will contact me as soon as possible with the number provided below in an emergency to discuss cost, but if I am unavailable, emergency procedures or resuscitation procedures are authorized (additional costs may apply).

By signing, I consent that I have read and agree to the above release form.

Client Signature:	Emergency Phone #:
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