

Willamette Valley Animal Hospital of Gladstone Anesthetic Release Form

Client Name: _____ Pet Name: _____ Surgery Date: _____

Did your pet receive any medication this morning?
Y___ N___

Would you like your pet to be Vaccinated? Y___ N___

Would you like post-op sedatives for your pet?
Y___ N___

Would you like your pet to be Microchipped? (\$20) Y___ N___

PRE-OPERATIVE BLOOD PROFILE

To mitigate the risks involved in surgery and anesthesia, we perform a Full Physical Examination of your pet before administering any anesthesia. However, we highly recommend a Pre-Op Blood Profile for the purpose of ensuring normal function of major organs before a procedure. This can help detect indicators of Anemia, Infection, Dehydration, Kidney and Liver Function.

Performing a Pre-Op Blood Profile provides insight to help rule out pre-existing internal problems, which may not be physically evident, but could lead to serious complications. The Pre-Op Blood Profile fee is \$85.00.

_____ **Yes**, Please complete the blood profile.

_____ **No**, I decline the recommended blood profile.

INTRAVENOUS FLUIDS

Willamette Valley Animal Hospital's quality care includes IV catheter placement for surgical procedures.

However, during surgery an animal's natural reaction to general anesthesia is for blood pressure to drop. This drop can be life threatening and/or lead to kidney damage. As a preventative measure, we recommend the administration of IV Fluids to assist in supporting proper kidney function and regulating blood pressure. In addition to the IV catheter, you can elect for the administration of IV Fluids as an additional safety measure. The fee for IV Fluids is \$75.00.

_____ **Yes**, Please include IV Fluids for my pet.

_____ **No**, I decline IV Fluids for my pet.

POST-ANESTHETIC NAUSEA TREATMENT

After anesthesia patients may experience vomiting, nausea, or a slow return to normal appetite. A new anti-nausea medication has been shown to reduce nausea and vomiting by 90% and speed a return to normal appetite after surgery (6 hours vs. 20 hours in a recent study). The fee for an Anti-Nausea Injection is \$45.00.

_____ **Yes**, Please provide anti-nausea medication.

_____ **No**, I decline anti-nausea medication.

ELIZABETHAN COLLAR

Surgical Procedures result in incisions that must be closed with sutures. Some patients bite, lick, and worry at their sutures; pulling them free and possibly causing injury to themselves. An Elizabethan collar provides a measure of protection, but is not a guarantee that a pet will not remove the sutures. If this should happen the fees necessary to repair/re-suture the incision site will be your responsibility.

We offer Elizabethan collars for purchase from \$5.00 to \$15.00 based on the correct size for your pet.

_____ **Yes**, Please include the Elizabethan Collar.

_____ **No**, I decline the recommended collar.

* In the event my dog is in heat there is an additional fee of \$65-\$85, by initialing I agree to this additional fee and procedure: _____ Initial

* In the event my pet is pregnant there is an additional fee; [CATS- \$35 - \$50] [DOGS- \$85 - \$115], by initialing I agree to this additional fee and procedure. _____ Initial

** In the event my pet's temperament proves to be hazardous, absorbable sutures will be used for an additional fee of \$21, by initialing I agree to pay this additional charge. _____ Initial

*** 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 #** _____