

Willamette Valley Animal Hospital of Gladstone Anesthetic Release Form

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

Did your pet receive any medication this morning? Would you like your pet to be Vaccinated?

Y___ N___

Y___ N___

Would you like your pet to be Microchipped?
(\$20.00) Y___ N___

Please understand your pet may be exposed to diseases while in hospital which may be preventable with vaccines. **By selecting no you acknowledge your pet is vaccinated or are accepting the risk of not vaccinating.**

DENTAL RADIOGRAPH EXAMINATION

Dental radiograph examinations provide valuable information to assist your veterinarian in evaluating your pet's oral health. Radiographs provide your pet's doctor with a look at what is happening beneath the surface of your pet's teeth and gums. In order for your pet to receive the best dental treatment for their dental health, we recommend a dental radiograph series. The cost for the series is \$125.00-\$150.00.

If the dental radiograph series is preventive and NO surgical extractions are necessary, your cost will be \$125.00. Due to recent changes in the rules from the State of Oregon, should surgical extractions be necessary during the procedure this cost will increase to \$150 to enable post extraction films to be taken.

____ Yes, I would like a dental radiograph series completed for my pet at the cost of \$125.00 - \$150.00

____ No, I decline the dental radiograph series, but I understand that **should surgical extraction of a tooth be necessary** dental radiographs will be taken at a cost of **\$50 for the first view** and **\$40 for each additional view.**

TEETH EXTRACTIONS (Select 1)

* In the event a doctor deems it necessary for my pet to have teeth extracted, I authorize the additional fee of \$6.50 per minute necessary for this procedure: _____ Initial

* In the event teeth need to be extracted, please attempt to call my emergency phone number before any teeth are extracted; if you cannot get a hold of me I authorize the doctor to continue: _____ Initial

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 \$55.00.

Yes, Please provide anti-nausea medication.

No, I decline anti-nausea medication.

***** 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 (\$8 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 \$7.50.**

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). I waive my rights to have my pet/pets medical records forwarded to another provider in the event that I do not pay my veterinary bill in full after medical treatment is given.

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

Client Signature: _____ **Emergency Phone #** _____

