

Willamette Valley Animal Hospital Anesthetic Release Form

Owner:

Date:

Pet's Name(s):

I am the owner of the above names animal(s) or **Would you like your pet Vaccinated?**

am responsible for it (them) and have authority to Y ____ / N ____

sign this consent. I hereby authorize the performance of the following procedure(s):

DENTAL

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.

Would you like your pet Microchipped?(\$17.00)

Y ____ / N ____

PRE-OPERATIVE BLOOD WORK

If your pet is in for anesthesia/surgery, there are inherent risks that are unavoidable. We will perform a full physical examination on your pet before administering the anesthesia. **However, we highly recommend a pre-op blood profile to be performed for the purpose of ensuring that your pet has normal major organ function before anesthesia.** This includes indicators of anemia, infection, dehydration, kidney function, and liver function. By performing this pre-op blood profile, we will be better able to rule out pre-existing internal problems that may not be evident physically but could lead to serious complications.

******Pets present today for dental procedures, and animals 7 years of age or over MUST have this performed before anesthesia because of increased risk of problems in older patients.******

INTRAVENOUS FLUIDS

During surgery a pet's natural reaction to general anesthesia is for blood pressure to drop. This drop may be life threatening or also lead to damage to their kidneys. In an effort to prevent this from occurring we offer the placement of an intravenous catheter to facilitate the administration of IV fluids to help support kidney function and regulate blood pressure. The anticipated cost is **\$49.00** for this important safety measure.

_____ No, I decline** _____ Yes, Please establish I.V.'s for my procedure.

*****Should an emergency occur during your pets procedure and an intravenous catheter need to be placed the charge will be \$80.00***

DENTAL RADIOGRAPH EXAMINATION

Dental radiograph examinations provide valuable information that helps your pet's Doctor evaluate oral health. With the help of radiographs, your pet's doctor can look at what is happening beneath the surface of your pet's teeth and gums. To ensure your pet receives the best dental treatment we recommend. A dental radiograph series is **\$62.00**.

_____ Yes, I would like a dental radiograph series completed for my pet

_____ No, I decline the recommended radiographs

POST-ANESTHETIC NAUSEA TREATMENT

We know that after anesthesia many of our patients 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 cost of the injection is for cats and dogs up to 49.9lbs the post-anesthesia nausea treatment is \$25, and for Dogs 50lbs and above the post-anesthesia nausea treatment is \$35

_____ **Yes**, I would like my pet to receive a post-anesthesia nausea treatment

_____ **No**, I decline a post-anesthesia nausea treatment

If your pet has fleas we will need to treat him/her in order to avoid contamination to others, your pet will only be treated should your pet have fleas. Unless you prefer another product your pet will be treated with CAPSTAR (\$7.00) Alternate Flea Control Preference _____

Please understand we request all surgeries check in between 7:30 and 9 a.m. so a proper surgery schedule can be established and patients can be given necessary pre-surgery treatments before their procedure. We anticipate patients having routine procedures being able to go home in the afternoon and ask for your understanding if unforeseen circumstances (i.e. emergencies, or longer than anticipated procedures) arise which may cause your pet to be ready to go home later. Upon picking up my pet(s), I understand that payment is due in full. This facility accepts cash, debit, Visa, Mastercard, Discover, & Care Credit, but DOES NOT ACCEPT CHECKS OR AMERICAN EXPRESS. **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 Hospital 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 her 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 above in an emergency to discuss cost, but if I am unavailable, emergency procedures or resuscitation procedures are authorized (additional costs may apply).

***OWNER'S SIGNATURE** _____

EMERGENCY Phone Number: _____

If you would like to receive TEXT MESSAGE updates on your pet's status please leave your mobile number:

Mobile Number for Text Messages: _____