

Willamette Valley Animal Hospital Anesthetic Release Form

Owner: _____

Pet's Name(s): _____

I am the owner of the above names animal(s) or am responsible for it (them) and have authority to sign this consent. I hereby authorize the performance of the following procedure(s):

DENTAL

Would you like your pet Vaccinated ? 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.

Would you like your pet Microchipped?(\$18)

Y ___ / N ___

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 may also lead to damage to their kidneys. In an effort to prevent this from occurring we offer the administration of IV fluids to help support kidney function and regulate blood pressure. At Willamette Valley animal hospitals, our standard of care includes the placement of an IV catheter for all surgical procedures. In addition to the IV catheter, you can elect for the administration of iv fluids as an additional safety measure. The cost is \$49.00.

_____ **Yes**, Please establish I.V.'s for my procedure.

_____ **No**, I decline

DENTAL RADIOGRAPH EXAMINATION

Dental radiograph examinations provide valuable information that helps your pet's Doctor evaluate your pet's 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. The cost for the series is \$75.00-\$105.00. If the dental radiograph series is preventive and NO surgical extractions are necessary the cost will be \$75.00. 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 \$105 to enable post extraction films to be taken.

_____ **Yes**, I would like a dental radiograph series completed for my pet at the cost of \$75.00 - \$105.00

_____ **No**, I decline the dental radiograph series but understand should **surgical extraction of a tooth be necessary** dental radiographs will be taken at a cost of **\$20 for the first view and \$15 for each additional view.**

TEETH EXTRACTIONS

*** In the event the doctor deems necessary for your pet to have teeth extracted there is an additional fee of \$4.50 per minute needed, by initialing I would like the procedure to be done _____ Initial**

*** I would like a phone call before any teeth are extracted, if you cannot get a hold of me I authorize the doctor to continue _____ Initial**

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 \$30, and for Dogs 50lbs and above the post-anesthesia nausea treatment is \$40

____ **No**, I decline a post-anesthesia nausea treatment ____ **Yes**, I would like my pet to receive 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 9am 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: _____