

Park Animal Hospital
(ROUTINE) TREATMENT/SURGERY/ANESTHESIA RELEASE

DATE: _____ **CHART #** _____ **DOCTOR:** _____

CLIENT NAME: _____ **PET NAME:** _____ **PHONE #** _____

PROCEDURE: _____

If your pet is in for an elective procedure such as ovariohysterectomy, castration, declaw or dental, the fee for a pre-surgical exam will be included in the price of the procedure. However if your pet is being presented for the diagnosis and/or treatment of a medical condition the cost for an exam will be **\$41.00**.

We do not anticipate any complications with the procedure. But in order to minimize any risks that may arise due to any pre-existing known/unknown condition(s) that is/are not evident upon initial examination we offer the following ***(these options may be required if your pet is over 7-years old)***

EKG & PULSE OXIMETER These monitors will **ALERT** the doctor to any change in heart rate and/or oxygen levels that may indicate the onset of possible complications.
 (required)

PROCEDURE OPTION	WHAT IT IS:	YES	NO	COST
1. PRE-ANESTHETIC BLOOD SCREEN	<i>Tests the kidney and liver function for early signs of disease that would otherwise remain undetected. Undetected disease in these organs is a FREQUENT CAUSE of anesthetic complications.</i>	_____ INITIAL	_____ INITIAL	\$45.00
2. IV FLUID THERAPY	<i>Your pet's LIFELINE during the procedure. Maintains hydration, blood pressure and protects organ function during the procedure. Allows quick access to a vein in case medications are needed during the procedure.</i>	_____ INITIAL	_____ INITIAL	\$38.50
3. MICROCHIP IDENTIFICATION	<i>Microchip identification is the best way to protect your pet in the event he/she becomes lost or stolen. Pets that have microchip identification have a higher percentage of being REUNITED with their owners than those who are not.</i>	_____ INITIAL	_____ INITIAL	\$45.00
4. EXTRACT RETAINED BABY TEETH	<i>If your pet has any retained baby teeth we would like to extract them BEFORE they become a problem.</i>	_____ INITIAL	_____ INITIAL	\$15.00 EACH
5. LIFE SAVING MEASURES	<i>In the event of a medical emergency seconds are crucial. The doctor may need to perform life saving measures on your pet. Cost listed is only incurred if life saving measures are performed.</i>	_____ INITIAL	_____ INITIAL	\$250.00 (estimate)

→ _____ (Initials) I understand that occasionally unforeseen conditions are discovered pre-operatively that necessitate an extension of the above procedure. If feasible, an attempt will be made to contact me if substantial additional costs will be incurred. I GIVE MY PERMISSION FOR MY VETERINARIAN TO USE HIS/HER BEST PROFESSIONAL JUDGEMENT WITH MY PET'S WELL-BEING IN MIND.

→ _____ (Initials) **I AGREE TO PAY IN FULL FOR ALL SERVICES RENDERED. I UNDERSTAND THAT FEES ARE DUE AT TIME OF DISCHARGE.**

→ _____ (Initials) The possibilities and outcomes have been explained to me and I understand them. I understand that *results cannot be guaranteed*.

X _____
 (Owner or duly authorized agent)

X _____
 Witness