

Hawks Prairie Veterinary Hospital

Surgical Anesthesia Release Form

Date: _____ Owner's Name: _____
Pet's Name: _____ Weight: _____ Procedure: _____

Please leave **AT LEAST ONE** contact number where you can be reached today.

Contact Person:	Phone #	Home	Work	Cell
1st _____	_____	_____	_____	_____
2nd _____	_____	_____	_____	_____

Hawks Prairie Veterinary Hospital is committed to providing a safe and welcoming environment for all. Aggressive, threatening, intimidating or disruptive behavior will not be tolerated. Examples of aggressive, intimidating, or disruptive behavior include but are not limited to: *Verbal harassment – yelling, *threatening or intimidating words or body language* Abusive/offensive language or swearing *Physical violence or aggression/Threats of any kind. **These types of behaviors will result in immediate dismissal from the practice.**

Patient History (please check):

- Did your pet eat this morning? YES NO
- Is your pet taking any medications? YES NO If yes, what meds/when given last? _____
- Are your pet's vaccinations current? YES NO
- Does your pet have a history of seizures? YES NO

In Hospital Flea Prevention (\$8.99):

*Fleas can transmit diseases with their bites so, for the protection of all our patients, if we find live fleas on your pet we **will** administer a flea treatment (Capstar®) orally to kill the fleas. Capstar only kills adult fleas present on your pet and has no lasting effect, so it's recommended to treat your pet with a monthly flea treatment to prevent them in the future.

Pre –Anesthetic Blood work:

We will perform a pre-surgical examination on your pet before administering the anesthesia. However, we highly recommend blood work be performed prior to anesthesia to look for indicators of anemia, dehydration, kidney function, and liver function. By performing this blood work, we will be better able to rule out pre-existing internal problems that may not be evident physically but could lead to serious complications. **There is an additional fee for this procedure (Ranges from \$81.87-\$153, depending on which blood work your veterinarian recommends).**

Please initial: **YES**, I choose pre-anesthetic bloodwork _____ **NO**, I decline pre-anesthetic bloodwork _____

Sedatives:

These can help keep your pet calm in the post-operative period. Excessive activity can cause seroma formation (fluid under the incision) or failure of the suture and opening of the incision. It is important to restrict your pet's activity and sedatives can help with this. **There is an additional fee for sedatives (Ranges from \$14.00 to \$50.00, depending on which medication is sent home).**

Please initial: **YES**, I choose sedatives to go home _____ **NO**, I decline sedatives to go home _____

Elective procedures:

The staff at Hawks Prairie Veterinary Hospital would be happy to provide the following services while your pet is here today. Prices for these procedures are as listed. Please mark those services you would like performed:

- | | |
|--|---|
| ___ Flush/clean ears (\$54.50) | ___ Vaccines (\$39.25) |
| ___ * Ear Cytology, if needed (\$46) | ___ Express anal glands (\$40.75) |
| ___ Fecal examination (\$80) | ___ FeLV/FIV test (\$78.50) |
| ___ Nail trim (no charge) | ___ Microchip and registration (\$81.50) |
| ___ Heartworm Test In-house (4DX) (\$65.75) | ___ Extraction of baby/deciduous teeth (\$49.75 per tooth) |

AUTHORIZATION FOR TREATMENT IN THE EVENT OF A LIFE-THREATENING EMERGENCY

In the event my pet experiences a cardiac, respiratory, or other life-threatening emergency that requires resuscitative or other urgent care measures, such as cardiopulmonary resuscitation (CPR), positive pressure ventilation, emergency drugs, or other similar measures, I request that the veterinarians and/or trained staff at Hawks Prairie Veterinary Hospital pursue such medical care as indicated below.

Please initial ONE of the directives listed below:

Client Initials: _____ **Resuscitate(R):** I authorize treatment if the situation arises (including cardiopulmonary resuscitation (CPR) and other life-saving treatments) and understand this may result in additional charges and I agree to pay for these emergency and life-stabilizing treatments even if they exceed any estimate I may have been provided.

OR

Client Initials: _____ **Do Not Resuscitate (DNR):** I do NOT authorize emergency treatment if the situation arises (including cardiopulmonary resuscitation (CPR) and other life-saving treatments) and prefer to be contacted before any additional treatment is performed.

I understand that despite the best efforts of the veterinarians and staff at Hawks Prairie Veterinary Hospital, any emergency treatment, including CPR does not guarantee or assure a favorable outcome for my pet.

Owner's Release:

Upon picking up my pet(s), I understand that payment is due in full. Our hospital accepts cash, check, debit, Visa, Discover, MasterCard & Care Credit.

I understand the noted anesthetic, surgical, diagnostic or therapeutic procedures may involve risk of complication, injury or even death, from both known and unknown causes, and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the wellbeing of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.

Your signature below indicates your acknowledgement that (i) you have read and agreed to the above, (ii) the procedure(s) have been explained to your satisfaction and that you have all the information you desire, (iii) you have had a chance to ask questions, and (iv) you authorize and consent to the performance of the procedure(s) and administration of anesthesia.

Owner/Agent Signature: _____

Date: _____

We accept the following forms of payment: Visa, Mastercard, Discover, American Express, Care Credit, Cash and Check. Please note, payment is due at the time of service.