**The Dalles Veterinary Hospital**

**Authorization for Medical Procedure Under Sedation or Anesthesia**

Pet’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Procedure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number for Today:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medical Conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications Administered at Home in the last 48 hours:

Check the boxes if you consent to the following “**Optional**” treatments for your pet undergoing anesthesia.

Optional treatments are additionally billed, and costs may not be on routine estimates such as spays or neuters.

[ ]  **Standard Comprehensive Surgical Care $ 197.00**

* This includes **pre-surgical bloodwork,** **IV catheterization** **and** **fluid therapy**. (chem 17, Lytes, CBC)

 ***Highly*** recommended for patients 7 years old or older or for patients with pre-existing conditions.

[ ]   **Base Line Pre-Surgical Care $ 143.00**

**• Baseline Pre-surgical blood work, IV catheter and fluids** therapy. Recommended for patients without pre-existing health conditions. (Chem 10, Lytes, PCV)

[ ]  **IV Catheter/Fluid Therapy $75.00**

* An IV catheter provides quick access to your pet’s venous system to allow for emergency medical treatment if needed during surgery or an anesthetic procedure. Fluid therapy helps maintain proper kidney function as well as blood pressure during anesthesia.

[ ]  **Home Again Microchip $ 65.00**

* A microchip identifies your pet and is helpful if your pet gets lost. All shelters and clinics will check found pets for microchip identification to help in reuniting a lost pet with their family.

[ ]  **Nail Trim:** Complimentary under anesthesia/sedation.

[ ]  **Vaccinations due/requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please list the vaccines you wish your pet to receive after their procedure.

[ ]  **Please check box only if you decline ALL THE ABOVE.**

**RABIES VACCINATION IS REQUIRED BY STATE LAW**

Rabies vaccination is required for all patients receiving treatment in the hospital. We reserve the right to vaccinate your pet at ***your expense***for compliance with state regulations as well as the safety of our staff.

I, the undersigned owner or “agent of the owner” of the pet identified above, authorize the veterinarian(s) at The Dalles Veterinary Hospital to perform the listed above procedure(s). I understand that some risks always exist with sedation/anesthesia and that I am encouraged to discuss any concerns I have about those risks with the veterinarian or technicians/assistants attending my pet’s procedure before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the procedure(s) have been answered to my satisfaction. I consent to hospitalizing my pet for one night following anesthesia if the veterinarian deems it necessary. I understand that veterinary care during night-time hours and/or weekends is provided at the discretion of the attending veterinarian. Presence of personnel is not provided continuously during night/weekend hours. I accept that veterinary medicine is an inexact science and that not no guarantee of successful treatment has been made and that anesthesia carries risk and may even result in death.

***I understand that payment is due at the time of service when my patient is discharged,***

 ***and a deposit may be required prior to initiating treatment described on a medical estimate.***

**Owner/Authorized Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

 (Must be over 18 years of age to sign)