

**DEL RAY ANIMAL HOSPITAL
HOSPITALIZATION and SURGICAL RELEASE FORM**

Date: _____

Animal Name: _____ Owner's Name: _____

Home Phone: _____

I certify that I own or that I am the duly authorized agent of the owner of the animal described above and I have requested and authorized Del Ray Animal Hospital, and its Doctors and staff, to hospitalize my pet, and to administer all vaccinations, medications, anesthetics, and treatments and to conduct such surgical procedures as the Doctors deem advisable or necessary for the health, safety, or well-being of this animal while it is under their care and supervision.

I also certify that I understand that there are risks associated with all anesthetics and surgical procedures. I agree to abide by hospital policy when overnight hospitalization is required even though I understand no one is in the hospital when it is closed. If my pet requires further medical supervision during these hours, I understand that I will have to make arrangements to pick him/her up from the Hospital and take him/her to one of the area facilities that provide care during hours the Hospital is not staffed. This Hospital is staffed by Doctors and staff from 7:15 am to 7:00 pm, Monday through Friday, and 7:30 am to 3:00 pm on Saturdays. There is no continuous medical staffing from 7:00 pm to 7:30 am, Monday through Friday, and from 3:00 pm Saturday to 7:30 Monday, nor on any holiday.

I understand that my animal's condition can change and I authorize the Hospital and its Doctors and staff to perform any additional services that they deem advisable or necessary for the health, safety, and well-being of my animal. I understand I will be charged for these services.

To protect other patients, all pets must be free of internal and external parasites, and must be current on vaccinations. If not, they will be treated at the owner's expense. I understand that while the Hospital and its Doctors will make an effort to inform me of any such changes in my animal's condition and fees involved in treatment under this paragraph, I will in any case still be obligated to pay the total charges incurred.

I also understand that payment is due at the time my animal is discharged from the Hospital. If payment is not made pursuant to the terms of this Hospitalization and Surgical Release Form, I agree to pay all expenses of collection including but not limited to court costs, attorneys fees' of 33 1/3%, and interest at the rate of 18% until paid.

Procedure(s) Being Performed: _____

Was your pet fasted?: _____

Owner or Owner's Representative (Print Name): _____

Owner or Owner's Representative (Signed Name): _____

Contact Telephone Number(s): _____

NOTE: If your cat is in heat at the time of spaying, there will be an additional charge of \$40.25 because these conditions may complicate surgery.

-----**FOR DENTAL PATIENTS ONLY**-----

IF YOUR PET IS RECEIVING DENTAL TREATMENT, please note that during our exam and treatment we may find that one or more of his/her teeth may require x-rays and/or extractions. Additional charges will apply. Initial dental radiograph cost is \$22.50, additional radiographs \$17.50. Extractions vary between \$19.80 - 98.25 per tooth depending on specific tooth and it's condition.

• **In this event, do you authorize us to extract and/or x-ray teeth?**

YES _____ NO _____

Note for clients that select "NO" to the above question

In the event that our veterinarian finds a periodontal abnormality that desperately needs attention, we may attempt to call in order to receive treatment/removal authorization. Please be accessible at the number(s) you've provided as your pet may be anesthetized at that time.

-----**FOR ALL PATIENTS**-----

For all pets being anesthetized (and especially for those 8 years or older) we recommend several blood tests to determine the pet's suitability for anesthesia. These tests give a quick evaluation of your pet's liver and kidney function as well as other important information. Please feel free to discuss this additional testing with our staff.

• Would you like your pet to receive these additional lab tests, for an additional cost of \$60.50?

(This test is REQUIRED for all pets 8 years of age or older)

YES _____ NO _____

OPTIONAL SERVICES

If you are considering having any of the following services performed for your pet, you might like to have them done while under anesthesia, which may be less stressful.

PLEASE INDICATE WHICH, IF ANY, OF THE FOLLOWING YOU WOULD LIKE US TO PERFORM WHILE THE PET IS ANESTHETIZED.

• **Nail Trim (under sedation) \$16.00**

YES _____ NO _____

• **Soft-Paws Application**

1.\$27.50 (front feet only) YES _____ NO _____

2.\$41.25 (front and back feet) YES _____ NO _____

*SOFT PAWS are vinyl toenail caps for cats that prevent destructive clawing 4-5 times longer than nail trims. Please indicate whether you would like us to apply these to your cat.

•**Ear Cleaning (dogs only) \$20.50**

YES ___ NO ___

•**Express Anal Sacs (only needed if pet is scooting or licking rear): \$33.50**

YES ___ NO ___

• **Microchip Placement \$73.00**

YES ___ NO ___

*MICROCHIPPING is a form of permanent identification. This is strongly recommended for all patients. We use ResQ microchips. This form of identification is a worldwide lost pet recovery system. All of the animal shelters and approximately 90% of animal hospitals have scanners to check animals for a microchip. You are then responsible for registering your pet's microchip number with PetLink. There is no annual fee for ResQ microchips.

•**FELINE AIDS/LEUKEMIA COMBO TEST (cats only) \$95.25**

YES ___ NO ___

•**ACUPUNCTURE: \$32.50**

WE HAVE INTEGRATED ACUPUNCTURE INTO OUR PAIN MANAGEMENT PROTOCOL. WOULD YOU LIKE US TO USE ACUPUNCTURE IN ADDITION TO TRADITIONAL PAIN MEDICATION?

YES ___ NO ___