

DEL RAY ANIMAL HOSPITAL HOSPITALIZATION and SURGICAL RELEASE FORM

Date: {CURRENTDATE[LONG]}

Animal's Name: {NAME} Owner's Name: {FULLNAME}

Home Phone: {PHONENUMBER}

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 from 7:00am to 5:00pm Monday, Wednesday, Friday, and 7:00am to 6:00pm, Tuesday, Thursday There is no continuous medical staffing from 5:00pm to 7:00am, Monday through Friday, 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?: _____

Is your pet currently taking any medications? YES _____ NO _____

If yes, please fill in the form below to indicate what kind of medications your pet receives and the dose:

- Medication: _____ Dose: _____ Last Given: _____
- Medication: _____ Dose: _____ Last Given: _____
- Medication: _____ Dose: _____ Last Given: _____

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

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

Contact Telephone Number(s): _____

List anyone additional you are authorizing to pick up your pet at discharge: _____

NOTE: If your cat is in heat at the time of spaying, there will be an additional charge of \$80.00 because these conditions may complicate surgery.

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

IF YOUR PET IS RECEIVING DENTAL TREATMENT, please note that during our exam and x-ray evaluation, we may find that one or more of his/her teeth may require extraction. Extraction costs vary based on the tooth and level of difficulty to extract (\$45-\$225 per tooth).

- **In this event do you authorize us to extract 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 FEMALE CANINE (SPAY) PATIENTS ONLY***-----

****If your dog is currently in heat, we will not be able to spay her until 4 weeks after the cycle has ended****

- Has your dog gone through a heat cycle? YES _____ NO _____
- If yes, what is the date the heat cycle ended? _____

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

For all pets being anesthetized we recommend several blood tests to determine the pet's suitability for anesthesia. These tests are required for ALL pets 8 years or older. 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. Appropriate bloodwork performed prior to your pet's surgical appointment will be honored for up to 60 days.

- Would you like your pet to receive these additional lab tests, for an additional cost of \$105.00?

(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 YOUR PET IS ANESTHETIZED.

- **Nail Trim (under sedation) \$12.00**

YES ___ NO ___

- **Soft-Paws Application (cats only)**

Front feet only: \$38.50 YES ___ NO ___
Front and back feet: \$52.50 YES ___ NO ___

*SOFT PAWS are vinyl toenail caps for cats that prevent destructive clawing 4-5 times longer than nail trims.

- **Ear Cleaning (dogs only) \$35.00**

YES ___ NO ___

- **Express Anal Sacs (only needed if pet is scooting or licking rear): \$35.55**

YES ___ NO ___

- **Microchip Placement \$82.00**

YES ___ NO ___

*MICROCHIPPING is a form of permanent identification. This is strongly recommended for all patients. 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. If you choose to have a microchip placed you are then responsible for registering your pet's microchip number. You will receive necessary information about registering when you pick your pet up from surgery.

- **Elizabethan Collar**

If your pet is prone to licking or chewing and you would like us to place an e-collar on the pet prior to discharge, please indicate so. The e-collar should stay on your pet until the scheduled suture removal.

YES ___ NO ___