

Steamboat Animal Hospital Dental/Anesthesia Release Form

DATE: _____ OWNER: _____ CLIENT # _____

PET: _____ WEIGHT: _____

Appointment Notes: _____

Please leave **AT LEAST ONE** contact number where you will be reachable today:

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

Patient History (please circle):

- | | | | |
|---|-----|----|----------|
| • Did your pet eat this morning? | YES | NO | NOT SURE |
| • Is your pet taking any medications?
If yes, please list med and when last dose given _____ | YES | NO | NOT SURE |
| • Does your pet have any known allergies?
If yes, please list _____ | YES | NO | NOT SURE |
| • Does your pet have a history of seizures? | YES | NO | NOT SURE |
| • Is your pet up to date on vaccines? | YES | NO | NOT SURE |
| • Has your pet been treated for fleas? | YES | NO | NOT SURE |
| • Has your pet been ill or injured in the last 30 days? | YES | NO | NOT SURE |
| • Do you have any health concerns today?
If yes, please list _____ | YES | NO | NOT SURE |

*****If fleas are found on your pet during the complimentary exam your pet will be treated with one dose of Capstar at your expense. This will rid your pet of fleas for 24 hrs.***

Safety and Comfort: For the safety and comfort of our patients, and for the peace of mind of our clients, we have a minimum set of requirements before, during and after anesthesia. In addition, we offer other optional services. All the costs are fully outlined below. While we attempt to be accurate, the prices below do not include the cost of unforeseen circumstances, and all efforts will be made to contact you before this occurs.

Included in the Dental Procedure:

Included in the Dental Procedure: For the safety and comfort of our patients, the following items are included in the price of the procedure:

*a pre-surgical physical examination the day of surgery, Intravenous (IV) catheter for fluids and/or medications, advanced monitoring of vital systems, IV fluids to maintain blood pressure & injectable pain control lessens the perception of pain post-operatively. Pain medications are sent home as well for continued healing.

Pre –Surgical blood work:

We will perform a full physical examination on your pet before administering the anesthesia. However, we highly recommend a pre-op blood profile to be performed for the purpose of ensuring that your pet has normal major organ function before anesthesia. This included indicators of anemia, dehydration, kidney function, and liver function. By performing this pre-op blood profile, 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 \$90+ fee.

Please initial: YES, I want the pre-surgical blood work _____
 NO, I decline pre-surgical blood work _____
 Already performed

*PLEASE SEE NEXT PAGE

Dental Extractions

Once your pet is anesthetized, we will be able to perform a comprehensive oral exam and take full mouth x-rays to better evaluate dental health. This exam will allow us to determine if your pet needs dental extractions. Extractions will be performed if deemed necessary by your doctor, if these are not included in your estimate, we will contact you to discuss an increase in cost.

Please initial you have received an estimate: _____

Elective procedures:

The staff at Steamboat Animal 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:

___ Apply flea preventative which product? _____

___ Fecal Exam & Giardia (\$62)

___ Microchip (\$89.00)

___ Nail trim (**no charge**)

___ Vaccines (\$35.00 each) which vaccines? _____

___ Post dental laser treatment to promote quicker healing, decrease inflammation & pain (\$34.00)

Resuscitation Requests:

DNR { } I do not wish for my pet to receive CPR. I understand that if CPR is not used in the event that my pet collapses, faints, has cessation of breathing, has no heartbeat, or becomes unconscious that my pet will pass away. I accept complete financial responsibility for medical care provided to my pet prior to the occurrence of cardiopulmonary arrest.

_____ Signature

CPR { } I consent for my pet to receive CPR in the event that my pet collapses, faints, has cessation of breathing, has no heartbeat, or becomes unconscious.

_____ Signature

_____ (initial) I accept that in the event that I cannot be contacted within 15 minutes of the initiation of CPR, and that reasonable measures were taken, and that there is deemed no chance of recovery, the medical team will cease CPR. I understand that even with the best efforts and appropriate CPR treatment my pet may not survive, nor make a full recovery to his/her prior health.

_____ (initial) By requesting CPR, I accept complete financial responsibility for prior medical care, the cost of CPR and any resultant ongoing care at Steamboat Animal Hospital or at a third party veterinary clinic of my choosing, regardless of the outcome to the health or survival of my pet.

Hereby, I expressly agree to release Steamboat Animal Hospital and its agents and representatives, from liability for any and all damages to my pet and agree to hold Steamboat Animal Hospital its agents and representatives harmless from any liability associated with the procedure and treatments being performed on my pet.

Owner's Release:

Upon picking up my pet(s), I understand that payment is due in full. This facility accepts Cash, Checks, Debit, MC, Visa, & 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 well being 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: _____