

Would you like your pet vaccinated? Y__ N__

Would you like your pet microchipped? Y__ N__

Would you like a complimentary nail trim? Y__N__

PREOPERATIVE BLOOD WORK

If your pet is in for anesthesia/surgery, there are inherent risks that are unavoidable. 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 includes indicators of anemia, infection, 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. The cost is \$90.

******Pets present today for dental procedures, and animals 7 years of age or over MUST have this performed before anesthesia because of increased risk of problems in older patients.******

INTRAVENOUS FLUIDS

During surgery a pet's natural reaction to general anesthesia is for blood pressure to drop. This drop may be life threatening or also lead to damage to their kidneys. In an effort to prevent this from occurring we offer the administration of IV fluids to help support kidney function and regulate blood pressure. At Willamette Valley animal hospitals, our standard of care for all dental procedures includes the placement of an IV catheter for \$45, OR you can elect for the administration of IV fluids for a total \$80 fee.

_____ **Yes**, Please establish IV fluids for my procedure.

_____ **No**, I decline IV fluids

****In the event of an emergency, IV fluids may be administered and the charge will be applied.****

POST-ANESTHETIC NAUSEA TREATMENT

We know that after anesthesia many of our patients experience vomiting, nausea or a slow return to normal appetite. A new anti-nausea medication has been shown to reduce nausea and vomiting by 90% and speed a return to normal appetite after surgery (6 hours vs. 20 hours in a recent study). The cost of the injection is for cats and dogs up to 25lbs the post-anesthesia nausea treatment is \$40, Dogs 25.1-70lbs \$53.50, and Dogs 70.1lb and above the post-anesthesia nausea treatment is \$77

_____ **Yes**, I would like my pet to receive a post-anesthesia nausea treatment

_____ **No**, I decline a post-anesthesia nausea treatment

DENTAL RADIOGRAPH EXAMINATION

Dental radiograph examinations provide valuable information that helps your pet's Doctor evaluate your pet's oral health. With the help of radiographs, your pet's doctor can look at what is happening beneath the surface of your pet's teeth and gums. To ensure your pet receives the best dental treatment we recommend a dental radiograph series. The cost for the series is \$88.00-\$120.00. If the dental radiograph series is preventive and NO surgical extractions are necessary the cost will be \$88.00. Due to recent changes in the rules from the State of Oregon, should surgical extractions be necessary during the procedure this cost will increase to \$120 to enable post extraction films to be taken.

____ Yes, I would like a dental radiograph series completed for my pet at the cost of \$92.00 - \$125.00

____ No, I decline the dental radiograph series but understand should **surgical extraction of a tooth be necessary**, dental radiographs will be taken at a cost of **\$28 for the first view** and **\$23 for each additional view**.

TEETH EXTRACTIONS

* In the event the doctor deems necessary for your pet to have teeth extracted, **there is an additional fee of \$6.75 per minute needed.**

** Please initial next to one of the following options -

***I do not need a phone call before any teeth are extracted**, with the understanding the doctor will only extract teeth that are medically necessary.

____ **Initial**

***I would like a phone call before any teeth are extracted.** *If you cannot get a hold of me I authorize the doctor to continue* with the understanding the doctor will only extract teeth that are medically necessary.

____ **Initial**

***I would like a phone call before any teeth are extracted.** *If you cannot get a hold of me I DO NOT authorize the doctor to continue*, with the understanding this could mean my pet is woken up from anesthesia without the doctors full recommended treatment.

____ **Initial**

If your pet has fleas we will need to treat him/her in order to avoid contamination to others, your pet will only be treated should your pet have fleas. Unless you prefer another product your pet will be treated with CAPSTAR (\$9.00) ____ **Initial**

All surgeries will be checked in between 8:00 and 9am so a proper surgery schedule can be established and patients can be given necessary pre-surgery treatments before their procedure. I understand that the pick up time for my pet depends on their recovery. The clinic will do their best to call with the earliest pick up time. Routine procedures are typically able to be discharged in the afternoon. However, I do

understand if unforeseen circumstances (i.e. emergencies, or longer than anticipated procedures) arise, it may cause my pet to have a later pick up time. **I will be here to pick up my pet by 6pm Monday-Friday or a late fee of \$18.00 will be added to my bill.**

I authorize Willamette Valley Animal Hospital to perform the above procedures on my pet today, and I understand that there may be risks, especially with anesthesia. I expect all procedures to be done to the best of the abilities of the professional staff. I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I also authorize the hospital staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as necessary for the well being of my pet. I understand that they will contact me as soon as possible with the number provided above in an emergency to discuss cost, but if I am unavailable, emergency procedures or resuscitation procedures are authorized (additional costs apply). Upon picking up my pet(s), I understand that payment is due in full. This facility accepts **cash, debit, Visa, Mastercard, Discover, & Care Credit, but DOES NOT ACCEPT CHECKS OR AMERICAN EXPRESS.**

Is your pet currently taking daily medication(s) or supplement(s)? **Yes** **No**

If you marked yes, what medication(s) or supplement(s) are they taking? When were they given?

***OWNER'S SIGNATURE** _____

EMERGENCY Phone Number: _____