



Anesthesia, Surgical, and Medical Release

Clients Name: _____ **Pet's Name:** _____ **Date:** _____

Reason for Admission: _____ **DVM:** _____

I, the undersigned, certify that I am the owner, or authorized agent for the owner of the pet(s) named above. I do hereby consent and authorize University Animal Hospital (UAH) and its staff to hospitalize this pet and perform the above described procedure(s), and administer vaccinations, medications, tests, surgical procedures, radiological, anesthetics, treatments and/or emergency care that the doctors deem necessary for the health, safety, and well-being of this pet while it is under the care and supervision of UAH. I have been advised as to the nature of the procedure(s) and the potential risks, and I understand the reason why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications, if any. I also understand that no guarantee of successful treatment or outcome can be made.

It is impossible to accurately estimate the total charges involved because the total extent of the injuries or illness may not be immediately apparent. The results of blood tests, urinalysis, radiographs, etc. may be needed before the doctor can approximate a total expense. Additionally, it is impossible to accurately estimate the time and individual animal needs to respond to a treatment plan and this factor might affect the total cost.

If additional treatment is needed that exceeds the estimated range, the hospital will contact me with an updated treatment plan and estimate to obtain my permission to proceed, and I will increase my deposit accordingly. In the event that any urgent care requirements arise and the hospital makes a reasonable attempt but is not able to contact me, I grant permission to render my pet whatever emergency and life-stabilizing treatments are deemed necessary by the UAH doctors and staff. I agree to pay for these emergency and life-stabilizing treatments even if they exceed this estimate.

I assume full financial responsibility for all charges and services incurred to my pet while in the hospital and agree to pay for all such charges at the time of release of my pet.

I hereby certify that I have read and fully understand this authorization for medical and/or surgical treatment.

Signature: _____ **Print Name:** _____ **Date:** _____

I, We, or My Agent, can be reached at the following numbers:

1st: _____ Contact _____ at this number

2nd: _____ Contact _____ at this number

3rd: _____ Contact _____ at this number

My pet last ate (TIME): _____ (DATE): _____

My pet is on the following medication(s): _____

DENTAL RELEASE RIDER

University Animal Hospital has informed me that a routine dental procedure may not be limited to a routine scaling and polishing. Removal of tarter may reveal a decayed tooth or teeth and/or an area of the mouth which may require additional procedures. Dental radiographs, tooth extraction(s) and/or minor surgery of the gum may be required. **THESE PROCEDURES ARE NOT PART OF THE ORIGINAL ESTIMATED COSTS.** I understand that unforeseen procedures may have to be performed on my pet and I consent to have these additional dental procedure(s) performed.

Signature: _____ Print Name: _____ Date: _____

DECIDUOUS (BABY) TEETH

A small percentage of dogs retain their deciduous (baby) teeth after their adult teeth grow in. We strongly recommend that these teeth, if present, be removed at the time that your pet is under anesthesia.

Please remove my pet's deciduous teeth today I decline to have my pet's deciduous teeth removed

Initials: _____

HIP DYSPLASIA

Large breed dogs often suffer from a condition called HIP DYSPLASIA. We are able to screen for this condition while your pet is under anesthesia. This assessment is done through pelvic examination, manipulation and radiographs.

Please perform this screening test on my pet today I decline this screening at this time

Initials: _____

MICRO CHIP

HOME AGAIN is an advanced pet identification system that could save your pet from being lost forever. A tiny, easily injected microchip identifies your pet. Each chip has a unique ID code specific to you and your pet that can be read with a hand-held scanner.

Please implant a microchip into my pet today I decline to have a microchip implant today
 My pet is already microchipped

Initials: _____