

HOSPITALIZATION & SURGICAL RELEASE FORM

Owner's Name _____ Phone # _____

Pets name: _____ Procedure: _____

I verify that my pet has not ingested food or water with the last 12 hours _____

I certify that I own the above described animal and I do hereby consent and authorize the Dakota Veterinary Hospital and its staff to hospitalize my pet and to administer vaccinations, medications, test, anesthetize, treat and/or perform surgical procedures that the Doctors deem necessary for the health, safety, or well-being of the above animal while it is under their care or supervision.

If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill or die while in the hospital, I will hold the Dakota Veterinary Hospital and staff free of any responsibility and/or liability in the absence of gross negligence.

I further realize that I am responsible for payment for the above procedures and treatments in full at the time the animal is discharged. If I neglect to pick up the animal within five days of written notice that it is ready for release and mailed to my address, you may assume that the pet is abandoned. You are then authorized to dispose of it as you see fit. Abandonment does not release me of my obligation for the bill.

If further problems are detected while your pet is under anesthesia

_____ I do not need to be called - please perform any additional necessary treatments my pet may need while under anesthesia which may result in additional cost.

_____ Please call me to discuss any further treatments needed.

If I am unavailable when you call, please:

_____ Perform whatever procedures are needed.
OR

_____ Do only what I have authorized even though my pet may have to undergo another anesthetic episode.

***Please list any medications your pet is currently taking and when the last dose was given:**

PAIN MANAGEMENT - Your pet will be administered pain medication at the doctors discretion. Prices range from \$10.00-\$20.00

PRESURGICAL BLOOD WORK TESTING **PLEASE CHOOSE ONE OF THE FOLLOWING** We recommend doing presurgical blood work before anesthesia for your pets safety. These test will help us determine how your pet will tolerate anesthesia by checking liver & kidney functions, diabetes & giving us a complete blood count.

_____ **Option I - \$91.00 - Recommended for young pets under 5 years of age** - includes Chem 10 & CBC (complete blood count)

_____ **Option II - \$107.00 - Recommended for older pets 5 years of age & up** - includes Chem 15 & CBC (complete blood count)

_____ **Option III - \$171.00 -Recommended for geriatric pets older than 10 years of age-** includes Chem 15, CBC (complete blood count) & Xray (Chest)

_____ **Cats only - \$49.00 - Feline Leukemia/FIV/HW Test**

_____ **I REFUSE ALL BLOOD WORK SCREENINGS AT THIS TIME**

MICROCHIP - \$59.99 - I authorize Dakota Veterinary Hospital to implant a microchip in my pet. The fee includes the implant of the microchip and the registration in the HomeAgain data base.

_____ **ACCEPTED** _____ **REFUSED**

DENTAL XRAYS - Only for dental patients. This will help determine if a tooth root is unhealthy. Price range \$25-\$75 additional

_____ **ACCEPTED** _____ **REFUSED**

DENTAL EXTRACTIONS – I authorize the doctor to extract unhealthy teeth upon their discretion. Price range \$25-\$150 additional.

_____ **ACCEPTED** _____ **REFUSED**

RESUSCITATION STATUS - I understand that DVH will take all reasonable precautions to ensure the safety of my pet but that adverse events, up to and including death, are possible with anesthesia. In the case that my pet goes into cardiac arrest while under the care of DVH, I approve the use of all reasonable measures to resuscitate my pet. These may include, but are not limited to CPR, injectable medications and oral medications. I understand that the doctors of DVH will determine what measures are reasonable and at what point such measures should be discontinued. I understand I am responsible for the additional cost with any resuscitation attempt that is made on my pet.

_____ **ACCEPTED** _____ **REFUSED (DNR)**

Signature _____ Date _____

Please circle: **Owner / Authorized Agent**