

## HOSPITALIZATION AND SURGICAL RELEASE FORM

OWNER'S NAME:                      DATE:

ADDRESS:

PHONE:

ANIMAL'S NAME:

DATE OF BIRTH:

BREED:

SEX:

COLOR:

I am the owner or agent of the above animal and have the authority to execute this consent. I authorize the performance of anesthesia on the above pet, and the following surgeries and / or other procedures.

PROCEDURE:

If your pet is here to be spayed:

Has she had a "Heat Cycle" yet? \_\_\_\_\_

If yes, what was the date of her last "Heat Cycle" \_\_\_\_\_

\*IV catheter is mandatory for all anesthetic procedures (\$30 - provides instant access to a major vessel in case emergency drugs or fluids are needed).

We Recommend pre-operative/pre-anesthetic bloodwork to make sure that the patient can handle the anesthesia and we can tailor the anesthesia protocol based on the individual's results. Which would you like:

\_\_\_ Small Blood Panel(\$55)    \_\_\_ Large Blood Panel(\$85)    \_\_\_ PCV/TS(\$35)

\_\_\_ None(against vet's advice)

I would like the following additional tests/procedures performed to help decrease any surgical/anesthetic risks:

\_\_\_ Fluids Subcutaneous (under the skin)(\$47 – prevents dehydration, aids in patients recovery time).

\_\_\_ Fluids and IV catheter placement (\$70 prevents dehydration, aids in patients recovery time, provides instant access to a major vessel in case emergency drugs are needed).

\_\_\_ Heartworm Test for dogs (\$25 – if have not had a recent negative test or if have lapsed in prevention this allows us to know if there has been damage to the heart or lungs).

\_\_\_ FeLV/FIV/ Test for cats (\$40.50 – allows us to identify cats who have a viral disease

that could inhibit healing or put them at risk for serious, even fatal, infections due to the surgery (there is no vaccine for FIV so any cat can potentially be positive at any time in its life) and the heartworm part of the test allows us to know if there has been damage to the heart or lungs).

Are there any other services you would like done today, such as the placement of a microchip (\$55 – allows the shelters, other clinics, etc. identify your pet and return them safely to you). If so please list other services desired: \_\_\_\_\_

I certify that I have made Elgin Veterinary Hospital aware of any medical conditions my pet has, any medications my pet is taking, and that my pet has been fasted overnight. I do hereby consent and authorize Elgin Veterinary Hospital and its staff to hospitalize my pet and to administer vaccines, medications, tests, surgical procedures, anesthetics, or treatments that the doctor deems necessary for the health and safety of the above animal while it is under their care and supervision.

If my pet should injure itself, refuse food, become ill, or die while being hospitalized, I will not hold Elgin Veterinary Hospital and the staff responsible and/ or liable. I also know that I am responsible for payment in full of services performed at the time the animal is discharged. If I neglect to pick up animal within 5 days of written notice that is ready for release mailed to the above address, you may assume that the pet is abandoned. You are then authorized to dispose of the animal as you see fit. Abandonment does not release me from my obligations to pay the bill.

I further agree that in case of nonpayment, a financial charge of 30% per month will be charged and that any collection fees or attorney fees will be paid by me.

Elgin Veterinary Hospital is authorized to do any emergency treatment or surgery in the event of a life or death emergency with my pet. This would only be done due to an inability to contact the owner at the above phone numbers. The owner will still be financially responsible for any expenses incurred.

In order to keep Elgin Veterinary Hospital disease-free, your pet will be given a Capstar (\$9.50) and must be up to date on all vaccines and Heartworm prevention. For dogs vaccines include Rabies, Distemper, and Kennel Cough/Bordetella. For cats vaccines include Rabies, FVRCP and Feline Leukemia. If your pet is found to have any additional parasites, he will be treated accordingly and you will responsible for any expenses incurred.

Please list any medications that your pet is currently taking including Heartworm and Flea medication.

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Phone Number where you can be reached today \_\_\_\_\_

\_\_\_\_ Would you like for us to e-mail you important information regarding your pet's health?

\_\_\_\_\_  
e-mail address

