ANESTHESIA, SURGICAL, AND MEDICAL RELEASE

Client Name:					
Pet's Name:					
pecies: Breed:			When was your pet's last meal?		
Sex: (Check One) F SF M NM			Date:	/	
Procedure(s):			Time:	:	
Primary Contact: Myself (Initial):Other:					
()	(Check One)	Home	Cell	Work	
()	(Check One)	Home	Cell	Work	
Emergency Contact: (If primary contact is unavailable)					
Name:					
Can the emergency contact make medical decisions?	(Check One)	Yes	No		
()	(Check One)	Home	Cell	Work	
I, the undersigned, certify that I am the owner/authorized Pet Hospital, its Doctors and staff, to administer such procedure(s) listed above and on the estimate, including a well as any necessary/appropriate medical, and/or ememedical and/or surgical procedures are recommended, the alternative modes of treatments due to unforeseen conditionant under anesthesia and have been advised as to understand that no guarantee of successful treatments for and the risks of the above and attached authorized and payable upon my pet's release. I consent to the administration of anesthetics and I understand that there is always a risk of contract Mesa West Pet Hospital is NOT liable/financially To the best of my knowledge, my pet is healthy and coughing, and/or sneezing, and that my pet has healthy and threatening emergency treatment without my and threatening emergency procedures as needed. Me is stable. I am providing all available/correct contracts.	th treatments are deministration of the dergency care. Furtheir advantages, ions. I understanthe nature of the transpector can be made. It can be made. It can be made and services in all procedures deting infections, deresponsible if my and has no signs of ad no food or was approval. I approve the sa West Pet Hospector in the individual of the same proval. I approve the sa West Pet Hospector in the individual of the same proval. I approve the sa West Pet Hospector in the individual of the individual of the same proval. I approve the individual of	pain relipion relipio	thetics ned tef, sedative understand complicate are many lure(s) and ead and understand or the description and virus extracts anythis such as von 10pm last 100.00 of i	cessary to perform the res and/or anesthetics, as d why such diagnostics, cions, as well as possible risks with putting any depotential risks. I also understand the reasons ang) cribed animal that are staff. s at any hospital. hing while in their care. miting, diarrhea, inight. njections/life	
I understand that if fleas are seen on my pet, flea NOT have fleas on site so this is NOT an option. N I understand that there is no treatment staff on the up by 5pm (M-F) or 1pm (Saturday) will be kept to have these issues addressed/repaired. I under	medication will b ame of flea meds ne premises after overnight and cha nes arise, if they d	pet is or closing, arged a b	n: so any pet poarding fe tal staff wil ional costs	Date given: that has not been picked ee.	
Signature:			Date:	/	

TREATMENT

Like you, our greatest concern is the well being of your pet. The following procedures are strongly recommended by our doctors to all patients being put under anesthesia, but they are optional and at an additional cost.

BLOOD WORK: Before putting your pet under anesthesia, we recommend that a blood panel be performed to ensure your pet's vital organs are functioning in a normal and healthy manner or that they do not have an infection. These simple blood tests will allow us to make sure that your pet is in an acceptable physical condition to administer anesthesia. (NOT included in all inclusive packages) For pets **OVER 5** years of age, a complete pre-anesthetic panel is mandatory, **NO EXCEPTIONS**. __ Complete Pre-Anesthetic Panel (\$135): 12 Panel Blood Chemistry: ALB, TBIL, PHOS, AMYL, CHOL, CA (assesses overall physical status). _ No, I prefer not to have any of the doctor recommended blood work performed on my pet. I understand why blood work is important and recommended and release Mesa West pet Hospital, doctors, and staff from any liability in regards to this matter. FLUID THERAPY: An IV Catheter is placed and LRS fluids are given through the IV before, during, and after the procedure(s). This assists your pet's kidney and liver to flush the anesthesia through their system and keeps blood pressure normal during the procedure(s). Keeping your pet comfortable & hydrated during & after the procedure(s). (Included in all inclusive packages) Yes, I would like an IV catheter and LRS fluids for my pet. No, I would like to decline this option. **PAIN MEDICATION:** This provides after surgery pain relief that will go home after the procedure(s). (NOT included in all inclusive packages) ____ Yes, I would like pain medication provided for my pet. (Charges vary) _____ No, I would like to decline this option. **E-COLLAR:** Elizabethan Collar prevents pets from licking/chewing at the surgical site, which can lead to an infection. (NOT included in all inclusive packages) _____Yes, price varies by size. No, I would like to decline this option. MICROCHIP: Micro chipping offers the only truly permanent method of identifying your pet and linking your pet back to you. The procedure is quick and painless and lasts the lifetime of your pet. Once implanted, owners are responsible for registering the microchip with Homeagain and providing the correct information. We offer the option of completing the registration for you. Yes, I would like a Homeagain microchip implanted for an additional one time charge of \$63. _____ No, I would like to decline this option. **ADD ON DENTAL:** Annual dental cleanings are very important; it prevents gingivitis, bad breath, and loss of teeth. It also prevents kidney, liver, and heart disease (recommended for pets over the age of 2). Yes, I would like to add on a dental cleaning for my pet for an additional charge of \$275 (This price does not include extractions if needed). No, I would like to decline this option.

I hereby authorize termination of pregnancy at any time of spaying. I understand that there is an additional

fee for this and take full responsibility for the procedure. I also understand that there will be an additional fee if my pet

is lactating, obese, and/or in heat. Prices will be explained by the staff and range from \$37 - \$200.

FOR FEMALE SPAYS ONLY:

SURGERY DISCHARGE

The doctor is available for surgery discharge consultations and any questions you may have from 4:00pm – 4:30pm. If you are coming in after 4:30pm, the veterinary technicians are able to answer your questions.

PICK UP TIME

- Your pet must be picked up no later than 4:30pm.
- If you are going to pick up your pet after 4:30pm please give us a call.
- A fee of **\$15** will be charged for late pick up.
- If the owner does not pick up the pet by closing time 5:00pm (M,T,TH,F) and 1:00pm (W, Sat), the pet will stay overnight and a boarding fee will be charged (price varies by weight).
- Your pet will receive water, food, and a warm blanket.

Mesa West Pet Hospital is NOT responsible for monitoring overnight since we are NOT a 24hr facility

I,	have re	ad and fully under	stand the t	erms and	
conditions described above. I certify that I am eighteen owner's authorized agent, or if I am not over 18, I must attention of the Mesa West Pet Hospital staff.					
Signature:		Date:	/	/	

MESA WEST PET HOSPITAL – WE LOVE PETS

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