

# ***CEDAR RIVER ANIMAL HOSPITAL***

4501 NE 4th St. Suite B

Renton, WA 98059

(425) 226-9773

## **HOSPITALIZATION AND DENTISTRY RELEASE FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Pets Name: \_\_\_\_\_

Cat , Dog or Other: \_\_\_\_\_

Sex: \_\_\_\_\_

Spayed or Neutered: \_\_\_\_\_

Age: \_\_\_\_\_

Please give us a number where we can reach you during the procedure : \_\_\_\_\_

We highly recommend an optional blood cell and blood panel to check for signs of anemia, infection and clotting ability and to determine the health status of your pets kidneys, liver and blood glucose levels prior to an elective anesthesia procedure. (The cost is \$54.00):

\_\_\_\_\_ Yes, I want my pet to have a pre-anesthetic blood screen.

\_\_\_\_\_ No, I do not want my pet to have a pre-anesthetic blood screen.

For additional safety, we highly recommend that an intravenous catheter be in place during the anesthesia. For some patients the Doctor will require it. In elective procedures we recommend it but offer it as an option. (The cost is \$44.00):

\_\_\_\_\_ Yes, I request that an I.V. catheter be used during anesthesia.

\_\_\_\_\_ No, I prefer that an I.V. catheter not be used.

If the Doctor determines that a dental x-ray is needed, do we have permission to do an x-ray? Yes\_\_\_\_\_ No\_\_\_\_\_ Call me\_\_\_\_\_

If the Doctor determines that one or more teeth need to be extracted, do we have permission to do extractions? Yes\_\_\_\_\_ No\_\_\_\_\_ Call me\_\_\_\_\_

I certify that I own the above described animal and I do hereby consent and authorize Cedar River Animal Hospital and its staff to hospitalize my pet, and to administer vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that the Doctor's deem necessary for the health, safety, or well-being of the above animal while it is under our care and supervision.

If my pet should injure itself in an escape attempt, soil itself, become ill or die while in the hospital, I will hold Cedar River Animal 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 (5) days of written notice that it is ready for release and mailed to the above address, you may assume that the pet is abandoned. Abandonment does not release me from obligation for the bill.

I further agree that in the case of non payment, a finance charge of 1-1/2% per month (18% per annum) will be charged and that any collection fees or attorney fees will be paid by me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_