

Client: <client> I.D.# : <number>

Alta Rancho
Pet & Bird Hospital

Pet: <Animal> Wt: <Weight>

AUTHORIZATION FOR ANESTHESIA, SURGERY AND DENTISTRY

I, <Contact> <Client> do hereby give my permission for Alta Rancho Pet Hospital to perform the following procedure(s) on my pet;
Name: <animal> Species: <species> Breed: <Breed> Sex: <sex> Age: <age> Weight: <Weight>

Procedure(s): _____

While my pet is anesthetized, I would like the following procedure(s) performed in addition to those listed above:

- Nail Trim Ear Flush Anal Gland Expression Dental Cleaning Hip Dysplasia X-rays
- Stool Exam Microchip I.D. Implant Other: _____

PRE-ADMISSION REQUIREMENTS: For the safety of your pet and all of our patients, all pets admitted for surgery or hospitalization are required to have proof of current vaccination administered by a veterinarian. If proof is not available, vaccinations will be administered at our normal fees.

DENTISTRY CHARGES: I understand that during the dentistry, one or more teeth may need to be extracted due to irreparable damage. I further understand that there will be additional fees incurred, ranging from \$25.00 to \$98.00 per tooth depending on the number of roots and difficulty in the extraction. I agree to pay these fees in addition to those quoted in the original estimate

- I authorize extraction(s) of diseased teeth I DO NOT authorize any extractions of any teeth regardless of their condition.
- I authorize extraction(s) of diseased teeth up to _____ dollars, if more, please call me.

STERILIZATION CHARGES: In the event that your pet has recently been in heat, is currently in heat, or is pregnant, there will be additional charges based on the increased surgical difficulty, time involved as well as additional supportive measures. These charges vary greatly and you should discuss them with our staff prior to signing this form. These charges can range from _____ to _____.

GENERAL WAIVER: I acknowledge that the nature of the procedures to be performed, the risks and/or complications involved including those risks posed by anesthesia, and the fees incurred for such have been adequately explained to me. I further acknowledge that no guarantee regarding the outcome of any procedure has been expressed or implied by ARPH or any of its agents.

FINANCIAL RESPONSIBILITY: I understand that the estimate of charges that has been provided to me by Alta Rancho Pet & Bird Hospital and/or its agents is a best approximation of the cost of services and that the final bill may vary above or below the estimate. I further understand that if the actual charges exceed the estimated charges by more than fifteen (15%) percent, Alta Rancho Pet & Bird Hospital will make every attempt to contact me for authorization prior to performing additional services unless such procedures are essential, life-saving measures. I agree that failure to contact me does not relieve me from responsibility for these fees.

I accept full financial responsibility for services rendered including charges which may arise due to unforeseen medical or surgical complications incurred in the treatment of my pet as well as the cost of follow-up visits and procedures (i.e. additional x-rays, bandage changes etc.).

FOLLOW UP FEES: I understand that if a surgery is performed, one post operative re-check visit is included in the cost of today's procedure. This visit will cover the cost of drain removal, suture removal and/or bandage REMOVAL ONLY. If additional services are required, including but not limited to, ADDITIONAL BANDAGING, injections, medication, diagnostic tests, physical examinations and x-rays, I understand that they will be provided according to the normal fee schedule.

Deposits: I understand that a deposit may be required upon hospitalization and that the balance of payment is due and payable prior to the release of my pet.

PAYMENT: I understand that payment for services is due in the form of cash, personalized check (with driver's license and major credit card), money order, Traveler's Check, Visa, Master Card, or American Express, or Discover Card.

LEGALITY: I understand that this is a legally binding contract. I acknowledge that I have read and understood the contents herein and that I have signed this document of my own free will.

During the period of hospitalization, I will be able to be reached at the following telephone number(s):

Primary Phone: _____ Alternate: _____ Best time to contact: _____

SIGNED: _____ Date: <date>

Owner: _____ Staff: _____



Alta Rancho Pet and Bird Hospital

8677 19th. Street

Alta Loma, CA 91701 (909)-980-3575

Reid Shufer, D.V.M. & Kathy Henderson, D.V.M



Anesthetic Comfort and Safety Options:

At Alta Rancho Pet & Bird Hospital, we are very concerned about the comfort and safety of your pets. Anesthetic procedures pose certain risks to all animals (including humans) and our goal is to minimize those risks at all times. There are a number of services that we can provide that help achieve these goals. They are listed in the table below. Some or all of these services may have already been included on your estimate by the doctor based on the needs and risk factors associated with your pet. All of these services are important but they do have attendant costs associated with them, which may not fit into everyone's budget. Therefore we have made them available to you as optional services.

To help promote the safest anesthetic possible, we offer a ten percent (10%) discount on 3 to 4 services and fifteen (15%) discount on 5 or 6 services selected. Please select the services which you would like us to perform on your pet and our reception staff will let you know the actual cost for your pet (some costs vary with the weight of your pet).

Service	Explanation	Cost	Perform?
Pre Op Blood Testing	Blood tests allow us to detect underlying metabolic problems such as diabetes, liver or kidney disease, electrolyte abnormalities, anemia etc. which may make anesthesia more risky. Fees differ based on the age of the pet. A limited panel is typically run on pets 5 years and under while a more comprehensive panel is run on older animals	\$39.00- \$82.00	<input type="checkbox"/>
Pre-Op Electrocardiogram	Electrocardiograms tell us of any underlying heart problems	\$32.00	<input type="checkbox"/>
I.V. Catheter and Fluids	An I.V. catheter and fluids helps maintain the blood pressure and protect the kidneys and internal organs from the effects of anesthesia. Having an open port to the blood system allows us rapid access for emergency drug administration.	\$39.00	<input type="checkbox"/>
Electronic Monitoring:	Using state of the art monitoring equipment, we can track your pet's blood pressure, oxygen saturation, respiratory rate, heart rate and rhythm. This information warns us at the earliest time of any problems your pet may be experiencing under anesthesia. This information is so important that we have included it in your estimate.	Included	
Pain Relief Injection	Long acting pain relief injections help minimize your pet's suffering and lead to faster recovery	\$25.00 - \$35.00	<input type="checkbox"/>
Pain Medication to go home	Each pet experiences pain in different ways. Studies show that post operative pain medication can substantially improve recovery. This is an option for all procedures	\$22.00- \$38.00	<input type="checkbox"/>
Laser Surgery	Lasers reduce pain and inflammation and lead to more comfortable recovery (see the display at our front counter for more details)	\$75.00	<input type="checkbox"/>

You have selected _____ number of services. The total cost for these services equals _____.

This includes a multiple procedure discount of 10% 15% which is a savings of _____.

I accept financial responsibility for the costs of the services I have selected to be performed on my pet.

Signed: _____

Date: _____

Pre-operative blood panels are just another way in which we are committed to preventing medical problems before they arise. The health and well being of your pet is our primary concern. Thank you for entrusting your pet's health care to us!