

MINNESOTA VALLEY PET HOSPITAL, P.A.

1541 Adams St., Mankato, MN 56001

507-345-5900

Client Name: _____ Patient Name _____
DOB _____ K9/Feline Breed _____ M M/N F F/S

Hospitalization, Surgical and Anesthetic Release Form

I certify that I own the above noted animal and hereby consent and authorize the Minnesota Valley Pet Hospital, P.A. and its staff to hospitalize, administer medication, anesthetics and surgical procedures and treatments that the doctors deem necessary for the health, safety, and well being of the patient while under their care and supervision.

Should my pet injure or soil itself, refuse food, become ill, or die while in the hospital, I will hold the hospital and its staff free of responsibility and /or liability in the absence of gross negligence. I am aware of the importance of proper immunization: my pet's vaccination status is (current/ not current) at this time.

Your pet is scheduled for anesthesia and/or surgery. Fortunately, advances in anesthesia have made routine procedures relatively safe with low rates of complications. However, occasionally problems can occur due to pre-existing conditions that are not evident from routine history and physical examinations. We feel it is in your pet's best interest to require pre-anesthetic blood testing to help rule out any underlying medical conditions that might affect how your pet reacts to the anesthetic. We will perform a blood test prior to surgery that will evaluate your pet's kidney, liver and glucose values. If any problems are discovered through the test, you will be notified and options to consider will be discussed before proceeding with the scheduled procedure.

An intravenous catheter and fluids will be administered to provide support during surgery.

We give all surgical patients a Capstar flea preventative tablet, regardless if they are presently on any flea preventative.

I realize that I am responsible for payment in full at the time of discharge. If I neglect to pick up my pet within five days of written notice that it is ready for release, you may assume that my pet is abandoned. Abandonment does not release me from my obligation of payment of charges incurred.

In case of non-payment: finance charge 1 1/2% per month or 18% per year. Collection and attorney fees to be paid by owner.

Signature: _____ Date: _____ Procedure: _____

Contact Information:

Telephone # (1st) _____ Telephone # (2nd) _____

Tooth Extractions

For our canine patients: if your pet is coming in for a spay/neuter, extraction of deciduous (baby) teeth is sometimes deemed necessary for the continued health of the patient. Retained deciduous teeth will be removed only if adult teeth are present. Approximate cost is \$9.00 - \$15.00 per tooth.

I authorize the necessary extraction of teeth (\$9.00 - \$15.00 per tooth).

_____ (Initial)

Microchip

Microchips are a great way to keep your cat or dog safe. We provide high-quality microchips that are implanted beneath the skin, and when registered with a national database, they can be scanned to rapidly identify a pet if he or she becomes lost. We can easily place a microchip during your pet's surgery to minimize discomfort. Microchip cost and registration is \$53.00.

Yes, I authorize No _____ (Initial)