

MILL CREEK VETERINARY HOSPITAL Inc.
8202 Hwy 99E
Los Molinos, CA 96055
530-384-1700

Pre-Anesthetic/Surgery/Dentistry Release Form

Our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a pre-surgical examination. However, many conditions including disorders of the liver, kidneys or blood can not be detected unless blood testing is performed. To avoid potential problems and further protect your pet's health and safety, we recommend blood screening before anesthesia is administered.

Our laboratory is fully equipped and staffed to perform these tests. Results will be immediately available before anesthesia is administered.

Pre-Anesthetic Blood Screen

_____ Yes, I want my pet to have the recommended pre-anesthetic blood screen.

Full Panel \$380 _____ Short Panel \$115 _____

Wellness Screen \$290 _____

_____ No, I do not want my pet to have the recommended pre-anesthetic blood screen.

IV Catheter and Fluids

_____ Yes, I want fluids given during surgery to help maintain blood pressure and allow rapid drug administration should an emergency situation develop for \$95.00

_____ No, I do not want the recommended IV catheter fluids.

Pain Management

_____ Yes, I want my pet to have post-op pain medication to help alleviate pain and discomfort. Prices will vary based on weight and species.

_____ No, I do not want the recommended pain medication.

Bite Free Collar

_____ yes, I want to prevent my animal from biting or licking sutures and to promote healing

_____ No, I do not want a Collar.

"Found Animals" Micro Chip

_____ Yes, I want to protect my pet with a "Found Animals" Micro Chip for \$45.00

_____ No, I do not want to Micro Chip my pet at this time.

I owner/agent of admitted pet _____, certify that I am 18 years of age or older and authorize the veterinarian(s)/staff at MILL CREEK VETERINARY HOSPITAL to perform anesthesia and or surgery/dentistry on said pet. I understand that there can be added expense for the procedure(s) due to certain conditions including but not limited to: obesity, heat, pregnancy, nursing, physical abnormalities, overly aggressive animals, filthy, flea infested animals, or unforeseen complications DETERMINED BY THE DOCTOR prior to or during the procedure(s). I also understand that some risks always exist with anesthesia and or surgery/dentistry and that I am encouraged to discuss any concerns that I have about those risks with the attending veterinarian before the procedure(s) is /are performed. I also understand that there will be additional charges for any medications, life saving emergency care or procedure(s) required to remedy the problem(s) and that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume all financial responsibility for all fees and provide payment via cash, check, or credit card at the time my pet is discharged from the hospital. I understand that veterinary care during night-time hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. I understand I can pick up my pet(s) anytime between 8am-5pm and there will be no pick-ups or drop-offs on weekends or holidays. I hereby release MILL CREEK VETERINARY HOSPITAL, its veterinarian(s) and staff from any legal financial responsibility arising from anesthesia/surgery/dentistry. I have read and fully understand the terms and conditions set forth above.

Owner/Agent _____

Date _____