

RALEIGH COMMUNITY ANIMAL HOSPITAL – ANESTHESIA / DENTAL RELEASE FORM

OWNER NAME: _____ **PHONE NUMBER:** _____

PET NAME: _____ **BREED:** _____ **COLOR:** _____ **AGE:** _____

PROCEDURE: _____ **WEIGHT:** _____

WE **HIGHLY** RECOMMEND **PRE-OPERATIVE BLOODWORK** FOR YOUR PET BEFORE WE INDUCE ANESTHESIA. THESE SELECTED LABORATORY TESTS ADD UNDERSTANDING TO BETTER ASSESS YOUR PET’S ABILITY TO SAFELY UNDERGO ANESTHESIA AND IDENTIFY CERTAIN POTENTIAL PROBLEMS THAT COULD ENDANGER YOUR PET.

PRE-OPERATIVE BLOODWORK IS \$58. **ACCEPT:** _____ **DECLINE:** _____

WE **HIGHLY** RECOMMEND **FULL MOUTH RADIOGRAPHS** FOR YOUR PET FOR ALL DENTAL PROCEDURES, WHICH PROVIDE THE MOST IMPORTANT DIAGNOSTIC TOOL AND INFORMATION TO ASSIST IN YOUR PET’S ORAL SURGERY. FELINE RADIOGRAPHS ARE \$65; CANINE ARE \$79. **ACCEPT:** _____ **DECLINE:** _____

I GIVE RALEIGH COMMUNITY ANIMAL HOSPITAL TO GO _____ DOLLARS OVER THE QUOTED ESTIMATE. **OWNER:** _____

I UNDERSTAND THAT **ANY ANESTHETIC PROCEDURE POSES RISK** TO MY PET AND THAT PRECAUTIONS WILL BE TAKEN TO MINIMIZE THOSE RISKS. IN THE UNLIKELY EVENT THE EVENT OF AN EMERGENCY. IF I CANNOT BE REACHED BY PHONE, I GIVE PERMISSION FOR THE DOCTORS TO STABILIZE MY PET UNTIL I CAN BE REACHED. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR THE TREATMENT OF MY PET AND PAYMENT IS DUE UPON PICK UP OF MY PET FROM RALEIGH COMMUNITY ANIMAL HOSPITAL. **OWNER:** _____

I UNDERSTAND THAT RALEIGH COMMUNITY ANIMAL HOSPITAL IS A **FLEA-FREE FACILITY**, THUS IF MY PET HAS EVIDENCE OF A LIVE FLEA FESTATION, RCAH WILL GIVE MY PET AN ORAL TABLET (CREDELIO) THAT TREATS/KILLS FLEAS FOR 30 DAYS AND SUCH WILL BE CHARGED TO MY ACCOUNT. **OWNER:** _____

I UNDERSTAND AND AGREE THAT MY ANIMAL(S) MAY BE **PHOTOGRAPHED OR VIDEOTAPED** DURING THEIR STAY WITH RALEIGH COMMUNITY ANIMAL HOSPITAL. AND AGREE THAT RCAH WILL BE THE EXCLUSIVE OWNER OF THE RIGHTS AND PROCEEDS FROM SUCH MEDIA AND MAY FREELY USE ANY SUCH MEDIA FOR ANY DESIRED PURPOSE. **OWNER:** _____

I UNDERSTAND THAT THERE ARE INHERENT RISKS WITH THE HOSPITALIZATION OF ANIMALS. THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO, EXPOSURE TO PARASITES AND TRANSFER OF A COMMUNICABLE ILLNESS, SUCH AS BUT NOT LIMITED TO, RESPIRATORY ILLNESSES AND/OR INFLUENZA. RALEIGH COMMUNITY ANIMAL HOSPITAL (RCAH) WILL NOT BE LIABLE FOR ANY HEALTH ISSUES THAT DEVELOP IN MY ANIMAL AND I HEREBY RELEASE THEM OF ANY LIABILITY OF ANY KIND WHATSOEVER ARISING FROM MY ANIMALS STAY AT RCAH.

OWNER SIGNATURE: _____ **DATE:** _____

ADDITIONAL NOTES: _____

NAIL TRIM (\$14.50): _____ ANAL GLANDS (\$20): _____
MICROCHIP (\$36): _____ EAR CLEANING (\$17.50) _____
OTHER: _____

estimate rcv'd: