

## Quail Ridge Animal Hospital

397 Mica Dr. Suite 18 Carson City, NV 89705

Ph: (775) 267-4888 / Fax: (775) 267-3337

### Authorization for Surgery and/or Anesthesia

Clients Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Anesthetic and Surgical Procedure(s) to be performed:

\_\_\_\_\_

#### Surgical Options:

Y      N  
  

Previous blood work has been performed within the last 30 days (over 5 required)

OR

 

Pre-Op basic panel blood work to be **performed the day of surgery** -  
Cost is **\$129.74** (under 5 years) or **\$156.17** (over 5 years) - please select (over 5 required)

 

Fluid Therapy during surgery - recommended - **required on patients over 5 years** - \$70  
This is included with Dental/Spay/Neuter procedures due to possible duration of procedure.  
This is **NOT** included with Rescue Spay/Neuter.

 

Pain meds to go home (**\$22 - \$55, price may vary depending on weight and type**)  
Tablet pain meds included with all Spays and Neuters

 

Anal glands expressed during surgical procedure - **\$18**

 

Cold Laser Therapy after Surgery (reduces inflammation and enhances healing) - **\$25**

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the Veterinarian(s) at Quail Ridge Animal Hospital to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian/technician before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- Reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedure(s) that will be performed
- How fully my pet will recover and how long it will take
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services, which may require a deposit, are due at the time of surgery

I understand that if overnight care is needed for my pet, Quail Ridge Animal Hospital does NOT have staff on site between the hours of 6:00pm - 7:30am and my pet will be left unattended. An alternative emergency hospital for overnight care will be offered. \_\_\_\_\_

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of the estimated fees, assume financial responsibility for the remaining fees and provide payment via cash, credit card or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required the staff \_\_\_\_\_ has/ \_\_\_\_\_ has not my permission to provide such treatment and I agree to pay for such services.

*I have read and fully understand the terms and conditions set forth above:*

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_