

Quail Ridge Animal Hospital

937 Mica Dr. Suite 18 Carson City, NV 89705

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

www.QuailRidgePets.com

Authorization for Surgery and/or Anesthesia

Clients Name: _____ Phone Number(s): _____

Pet's Name: _____

Anesthetic and Surgical Procedure(s) to be performed: _____

Additional Procedures (ie, **Annual exams required with vaccines**, etc) _____

Surgical Options:

Y N

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

Pre-Op basic panel bloodwork to be performed the day of surgery –
Cost is **\$258** (under 5yrs) or **\$319** (over 5 yrs) – please select (over 5 required)

Fluid Therapy during surgery – recommended – **required on patients over 5 yrs - \$99**
-This is included with Dentals/Spay/Neuter procedures.
-This is **NOT** included with Rescue Spay/Neuter procedures.

Pain Medication to go home (**\$45 - \$100**), price may vary depending on weight and type)
-Tablet form of pain medication is included with ALL Spays and Neuters at no extra cost.

Anal Gland expression during surgical procedure - **\$38**

Cold Laser Therapy after surgery to aid in healing and reduction in inflammation - **\$36**

Microchip Implant - **\$65**

Elizabethan Collar post-surgery (soft/hard, depending on surgery) - **\$20 - \$45**

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen yrs. of age or over and authorize the Veterinarian(s) at Quail ridge Animal Hospital tom 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 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 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

If it is discovered that my pet is pregnant at the time of surgery, I **would like a call** to discuss the pregnancy _____ or I **would not like a call** to discuss the pregnancy, please terminate _____.

I understand that if overnight care is needed for my pet, QRAH **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. _____ (Initial).

While I accept that all procedures will be performed to the best of the abilities of the staff at the 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 Quail Ridge Animal 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: _____