



# Pendleton Veterinary Clinic

625 S.W Emigrant Ave.  
Pendleton, Oregon 97801  
(541) 276-3141

## Anesthesia Release

I hereby authorize the Pendleton Veterinary Clinic and it's designated associates, technicians, or assistants to treat, anesthetize, prescribe medications for, and perform specified diagnostic test or surgery on my pet (). I understand the risks associated with these procedures () and know that all reasonable precautions will be taken against injury, escape, or destruction of my animal and will not hold Pendleton Veterinary Clinic responsible in the event of such.

If emergency treatment is required and I cannot be reached, I authorize Pendleton Veterinary Clinic to perform such treatments, as are necessary to preserve the life of my pet until I can be contacted.

Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please initial)

### Additional Safety Precautions

(recommended but not required)

New anesthetic agents have made general anesthesia much safer over the last several years. However, some conditions, which may influence the effect of the anesthetic on your pet may not be evident on a physical examination. To ensure the safety of your pet, we can perform the following additional safety precautions:

_____ Yes	_____ No	Pre-surgical blood screen	<b>\$41.50</b>
		(kidney function, blood sugar, anemia, dehydration)	
_____ Yes	_____ No	Surgical Catheter	<b>\$37.70</b>
_____ Yes	_____ No	Pre Surgical IV Fluids	<b>\$71.70</b>
		(helps prevent shock, protect kidney & liver functions)	
		<b>*Includes Surgical Catheter*</b>	

### Additional Options

_____ Yes	_____ No	ID Chip(Home Again, including enrollment)	<b>\$70.60</b>
_____ Yes	_____ No	Heartworm Testing(Pet has to be at least 6 months of age)	<b>\$21.70</b>
_____ Proceed	_____ Stop Surgery	In the event your animal is pregnant	<b>\$65.00-\$200.00</b>

**Our Clinic is a "flea free zone". All pets will be examined for fleas upon admission. If live fleas are found, the pet will be treated at a cost of \$10.40 plus the cost of the flea product.**

I accept financial responsibility for the treatment of the above-named patient and understand that payment is due upon release of my pet or when services is otherwise terminated.

I certify that I have read, fully understand, and agree to this authorization.

\_\_\_\_\_  
Owner or Authorized Agent

\_\_\_\_\_  
Phone number where I can be reached

Date \_\_\_\_\_



**Pendleton Veterinary Clinic**  
**625 S.W. Emigrant Ave.**  
**Pendleton, OR 97801**  
**(541) 276-3141**

OWNER'S NAME:

PET'S NAME:

PROCEDURE(S):

I hereby authorize and direct the veterinarians of Pendleton Veterinary Clinic to perform the above listed procedure(s) and/or treatment(s) as deemed advisable or necessary for my pet. The nature of the procedure(s) has been explained to me. No guarantee has been made as to the results or cure. I am aware and understand that there are risks involved in this procedure(s) and/or treatment(s). Potential risks are: infection, tissues not healing, pain, drug reactions, digestive problems, and death.

I understand that as an owner I have a responsibility to help ensure the success of the procedure by administering all medications as directed, using devices such as elizabethan collars and bandages to prevent further surgical site trauma by the patient and restricting activity according to the doctor's instructions. I also understand that prompt communication with the clinic doctors and staff regarding any concerns about my pet's progress is a key component to recovery.

I agree to pay in full for the services rendered, including those deemed necessary for medical or surgical complications and/or unforeseen circumstances. Any estimate of fees for presently planned procedures is only an approximation, and the final bill may be more or less than this amount.

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Signature of Owner or Responsible Agent

Date

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Emergency Phone Number