



# PENDLETON VETERINARY CLINIC

1901 S.W. Court  
Pendleton, Oregon 97801  
(541) 276-3141

## Anesthesia Release

I hereby authorize Pendleton Veterinary Clinic and its designated associates, technicians, or assistants to treat, anesthetize, prescribe medication 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 event of such.

If emergency treatment is required and I cannot be reached, I authorize Pendleton Veterinary Clinic to perform such procedures 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:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pre-surgical blood screen (kidney function, blood sugar, anemia, dehydration)	<b>\$37.10</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Surgical Catheter	<b>\$33.50</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I.V. Fluids (helps prevent shock, protect kidney & liver functions)	<b>\$61.80</b>
		<b>*Surgical catheter + I.V. Fluids</b>	<b>\$95.30</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	ID Chip (Home Again, including enrollment)	<b>\$61.30</b>

**Our hospital 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 \$9.30 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 service 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 \_\_\_\_\_