

SUNSHINE PET CLINIC of BEAVERTON
Quality Veterinary Care at Affordable Prices

Owner: _____ Date: _____ Pet's Name: _____

I am the owner of the above named animal(s) or am responsible for it (them) and have authority to sign this consent. I hereby authorize the performance of the **following procedure(s)** _____
I also authorize Sunshine Pet Clinic to perform such diagnostic, therapeutic, and surgical procedures as are in their opinion necessary and advisable for treatment and maintenance of my pet's health and well being, including but not limited to the administration of anesthesia and the performance of services involving pathology and radiology. I expect all procedures to be done to the best of the abilities of the professional staff. I realize that no guarantees or warranty can ethically or professionally be made regarding the results or cure. I also authorize the hospital director and his/her staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary for the well being of my pet. I realize that my pet will be discharged only during regular office hours and when the Doctor(s) or associates are present, and the fee due for its care will be paid in full at that time. The clinic accepts cash, Visa, MasterCard, Discover, American Express, and Debit Cards. I realize that in many cases it is impossible to determine in advance the extent of medical or surgical treatment required, but in such cases, SUNSHINE PET CLINIC will attempt to estimate the cost of treatment. It is understood that the actual cost may exceed or be lower than the estimate.

* **OWNER(S) SIGNATURE** _____

ANESTHESIA RISKS

All anesthetic procedures present some risk of complications and may cause damage to vital organs, paralysis, cardiac arrest, brain damage, or death from both known and unknown causes. By initialing below you verify that you are aware and understand the possible risk of complications from the anesthesia and recognize that every conceivable hazard or complication cannot practically be mentioned or discussed.

_____ **INITIAL HERE**

* We offer an **IV DRIP SET up bundle** for additional precautionary measures for the safety of your pet under anesthesia. **(Recommended UP TO 5 YEARS) THIS IS REQUIRED IF YOUR PET IS 5 YEARS OR OLDER AND/OR OVER 60 POUNDS FOR ALL PROCEDURES**

- Helps to maintain blood pressure which is important in perfusing the organs with oxygen
- Helps to maintain hydration which improves the safety of the surgical procedure
- Can help the pet wake up more quickly and feel better after the procedure
- The I.V. catheter serves as an immediately accessible port if a complication or emergency should happen

* IV Drip set short term **\$92.00**

PLEASE ADMINISTER _____ **I ELECT TO DECLINE** _____

OR* **SUBCUTANEOUS FLUIDS (\$24.95)**

When IV Drip Set + Fluids are **not** elected, subcutaneous fluids help your pet process the anesthesia and avoid shock.

* **PLEASE ADMINISTER** _____ * **ELECT TO DECLINE** _____

* **PRE-OPERATIVE BLOOD WORK * REQUIRED FOR PETS OVER 5 YEARS OF AGE.**

If your pet is in for anesthesia/surgery, there are inherent risks that are unavoidable. We will perform a full physical examination on your pet before administering the anesthesia. However, we highly recommend a pre-op blood profile to be performed for the purpose of ensuring your pet to be in a low risk category during anesthesia. If your pet is over 5 years old blood work is of great importance. This includes indicators of anemia, dehydration, kidney function, and liver function. By performing this pre-op blood profile, we will be better able to rule out these pre-existing internal problems that may not be evident physically but could lead to serious complications. There is an **additional \$65.35 fee** for these important procedures. **PLEASE INDICATE YOUR CHOICE BY INITIALING THE LINE BELOW THE APPROPRIATE RESPONSE.**

*** I Elect "yes" prior to surgery.** _____ ***I Elect to Decline at this time** _____

***POST-OPERATIVE PAIN MEDICATION**

While our anesthetic protocol provides complete pain relief during surgery, we recommend a post-operative pain relief medication to help relieve any discomfort your pet may experience at home. We advise that you take home pain medication for your pet either filled by us **(please initial)** _____ Or
Have a pharmacist fill the written prescription that will be sent home with you **(please initial)** _____

* In an emergency situation, if you are unable to be reached, please indicate here if you **DO NOT** want emergency resuscitation procedures to be performed on your pet (note there could be additional costs).

* **OWNER(S) INITIALS** _____

* During the pre-op exam, if the pet is shown not to be a good candidate for anesthesia, the owner will be contacted and presented with an alternative treatment plan, and will be required to pay for a pre-op exam of 45.00

* **INITIALS** _____

* If your pet has fleas when entering into the hospital we will apply preventative at owners cost.

* **INITIALS** _____

* If the pet is in heat or pregnant there is an additional fee, **\$20-\$200** depending on the stage of heat or pregnancy, and species of pet. * **INITIALS** _____

*If my pet is having a dental cleaning and requires **teeth extraction(s) (\$30.30-185.00 per tooth)**, I agree to pay the additional charges that will be due before my pet is released. I understand that the doctor(s) and associates will not perform any extractions that they do not deem absolutely necessary for my pet's health and well being.

* **INITIALS** _____

ADDITIONAL PROCEDURES

Please indicate your preference by checking "yes" by each procedure below. These procedures will be performed on recommendation of our veterinarians.

PROCEDURE	USUAL FEE	Yes	No
Nail Trim	\$20.00	Yes _____	No _____
Express Anal Glands	\$20.00	Yes _____	No _____
Heartworm Test (canine)	\$36.00	Yes _____	No _____

*With a negative heartworm test, the veterinarian will prescribe a very palatable preventative heartworm medication.

911 Pet Microchip \$49.75 Yes _____ No _____

Your pet's microchip has its own I.D. number that can be identified by a special scanner. This may be of great help if your pet gets lost. The Oregon Humane Society and our local area animal shelters carry scanners that will read the I.D. number. Ask our staff to show you how the microchip I.D. system works.

FELV/FIV Test \$40.50 Yes _____ No _____

The Feline Leukemia Virus (FELV) and the feline Immunodeficiency Virus (FIV) are contagious viruses of cats. Before performing surgery on your cat we can perform a blood test to see if you cat is carrying one, or both, of these diseases. We highly recommend these tests if you have other cats at home that may become exposed to these possibly deadly viruses.

* **Is your pet current on vaccines?** _____

If not, please initial by the vaccine(s) you would like your pet to receive today.

CANINE		FELINE	
DHLP-P	\$21.00 _____	FELV	\$ 23.00 _____
CORONA	\$20.00 _____	FVRCP	\$ 20.00 _____
BORDETELLA	\$21.00 _____	*RABIES	\$ 20.00 _____
*RABIES	\$20.00 _____		

* **RABIES is mandatory without proof of vaccination.**

* **OWNER(S) SIGNATURE** _____

* **CONTACT NUMBER(S)** _____