

DVM: _____

Technician: _____



WHITMIRE ANIMAL HOSPITAL

149 Whitmire Dr W, Dawsonville, GA 30534

T: (706) 265-1088 www.whitmireah.com

MEDICAL, ANESTHETIC, AND PRE-SURGICAL RELEASE FORM

Name: _____ Date: _____
Last First

Home Phone (____) _____ Cell Phone (____) _____ Alternate Phone (____) _____

Patient: _____ Procedure: _____

Is your pet currently on medication? ☐ Yes ☐ No Medication: _____

Frequency: _____ Dosage: _____

Did your pet receive these medications today? ☐ Yes ☐ No

When did your pet last receive food? Water? _____

Pre-Anesthetic Blood Work Release

Your pet is scheduled for an anesthetic procedure. In order to recognize any underlying abnormalities your pet may have, and to determine any increase in anesthetic risk, we recommend a pre-surgical blood profile be run. This complete blood count (CBC) & chemistry panel, will check for blood glucose, kidney and liver values as well as electrolytes. Since anesthetic drugs are cleared by the kidneys and liver, this test will determine if there are additional precautions that need to be taken prior to administering anesthesia to your pet. **Initial below:**

☐ _____ For patients under 7 years of age, pre-anesthetic bloodwork is recommended, but not mandatory.

These tests include a CBC, Chemistry (6 panel) and electrolytes. **(\$95)**

☐ _____ For patients 7 years of age and older, pre-anesthetic bloodwork is **MANDATORY**. These tests include a CBC, Chemistry (12 panel) and electrolytes. **(\$145)**

☐ _____ I wish to **DECLINE** pre-anesthetic bloodwork today. Please list reason for declining:

Anesthetic and Surgery Release

I understand that the administration of anesthesia involves some risk to my pet, including rare reactions to medications and possible death. I consent to the use of medications as deemed necessary by the veterinarian. I understand that all procedures and surgery also involve some risk to my pet. The most common risks include, but are not limited to: bleeding, nerve damage, and infection. I also understand that no guarantees or assurances have been made regarding the outcome of this procedure.

The doctors and staff of Whitmire Animal Hospital, LLC will use all reasonable precaution against injury, escape, complications, and death. I agree to not hold the doctor and staff responsible under any circumstances. In the event that a life-threatening emergency should arise, I: _____

☐ Authorize veterinary staff to perform lifesaving measures.

☐ Prefer veterinary staff **not** perform lifesaving measures (*Do Not Resuscitate - DNR*).

I have read and fully understand this consent form: _____

Signature of Owner/Agent

Date

MEDICAL, ANESTHETIC, AND PRE-SURGICAL RELEASE FORM

(Continued)

Home Again Microchip

The best time to microchip your pet is when your pet is under anesthesia. The chip is about the size of a grain of rice and is considered to be the best form of permanent identification. The cost of the chip implantation and registration fee is **\$65.00**. Would you like to have your pet microchipped today?

☐ Yes ☐ No

Hospital Admission Information and Financial Agreement

Please read the following statements and consents regarding your animal while it is in the care of personnel Whitmire Animal Hospital, LLC and your financial obligation as the result of this care. If you have any questions, please have these clarified before you sign this document or have your animal examined.

I authorize Whitmire Animal Hospital, LLC to perform medical and diagnostic procedures on the animal identified in this record as required for diagnosis and treatment. Emergency procedures may be needed in life saving situations and may be carried out before I can be contacted. I also understand I must instruct the attending veterinarian if there are financial or medical limitations to emergency care.

Hospitalized animals have an increased risk of infection and injury which may occur in association with hospitalization, diagnosis, and treatment. Precautions are taken to prevent injuries and acquired sickness, and Whitmire Animal Hospital, LLC does not assume costs for treatment. Patients are closely monitored for signs of infection. Reasonable diagnostic testing of clinically affected or suspect animals to detect contagious microorganisms will be performed at the owner's expense. Apparently unaffected animals may also be tested to allow appropriate management of contagious diseases in Whitmire Animal Hospital, LLC. Owners are responsible for costs of special procedures required to manage patients suspected of being infected with contagious microorganisms.

Owners will receive updated cost estimates whenever additional testing or precautions are necessary at the owners' request. Whitmire Animal Hospital, LLC will also make every effort to contact owner prior to determining or performing any additional treatment that changes original estimates, outside of emergency care which will be deemed necessary by the veterinarian.

As owner or authorized agent of the admitted patient, I authorize Whitmire Animal Hospital, LLC to administer agreed on diagnostic and treatment procedures and emergency treatment as considered necessary. I understand that it is my responsibility to inform the attending veterinarian about any treatment or diagnostic test that I do not want my animal to receive. An animal left at the Hospital over five (5) working days beyond the recommended dismissal date is considered abandoned. Every effort will be made to contact the owner during this period of time. At this point it will become property of Whitmire Animal Hospital, LLC. The Hospital considers the identification of a referring veterinarian to imply that I authorize a release of medical record information to that veterinarian. Whitmire Animal Hospital, LLC is continually reviewing medical information to improve patient care.

Whitmire Animal Hospital, LLC is a small privately owned business, and does not have the resources to provide 24 hour care and monitoring to our patients. Doctors and staff stabilize all patients prior to leaving for the day. Animal Emergency of Gainesville, an emergency animal hospital located at 275 Pearl Nix Pkwy # 3, Gainesville, GA 30501 is staffed weeknights, weekends, and holidays. I have the right and option to personally transfer my pet to this facility if I so desire. I assume all risks during transport, and acknowledge that I will have to transfer my pet back to Whitmire Animal Hospital, LLC during hours that the Emergency Center may be closed. If I do not discuss my wishes with a staff member, it is assumed that I have declined this option and my pet will be hospitalized, if necessary, at Whitmire Animal Hospital.

I hereby acknowledge that I have read the above and understand the cited risks. Risks of specific treatment and diagnostic procedures will be explained by attending veterinarians and specific consent forms will be needed. I also understand that no guarantee or assurance can be made to me as to the results that may be obtained.

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid in full at the time of release and that a deposit may be required for medical and surgical treatment. In the event that my account is past due or outstanding I understand that a \$10.00 billing fee will be applied to my account after 30 days and every 30 days thereafter until my account is paid in full. I agree to pay a \$25.00 cost of collection in the event that any collection efforts are undertaken for past due amounts. If the services of an attorney are used, I agree to pay reasonable attorneys fees and all court costs actually incurred.

Method of Payment: ☐ Cash ☐ Check ☐ Credit Card ☐ Care Credit

Signature of Owner/Agent

Date