

Meadowlands Veterinary Center
36751 Euclid Avenue
Willoughby, OH 44094
440-942-7297 fax 440-942-3080

Estimate of Medical Fees and Surgery/ Anesthesia Consent

Owner's Name _____ Date _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell phone _____
Name of Pet _____ Species _____ Breed _____ Gender _____ Age _____
When did your pet last eat or drink? Date _____ Time _____ Does your pet have a history of seizures? Y

<u>Medication</u>	<u>Dose</u>	<u>Time last dose was given?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I acknowledge that if my pet is not current on the rabies vaccine that the doctor may administer the vaccine while my pet is here

I am the owner or agent for the owner of the above-described animal and have authority to execute this consent, and certify that I am eighteen years of age or over. I hereby consent and authorize Dr. _____ Meadowlands Veterinary Center to perform the following procedure that includes appropriate anesthesia and pain relief medications. I understand that hospital support staff will be used as deemed necessary by the Veterinarian

I understand that some risks always exist with anesthesia and/ or surgery and that those risks have been explained to me. I further understand that during the course of the procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures.

While I accept that all procedures will be performed to the best of the abilities of the staff at this Veterinary Hospital, I certify that no guarantee or warranty has been made regarding the results that may be achieved.

I understand that I am financially responsible for all costs incurred during this surgery, treatment and hospitalization and agree to pay such cost.

I acknowledge that I may be required to pay one half of the estimate prior to the procedures being performed and the balance of the bill prior to discharge of my pet from the hospital. If I am paying with outside financing those financing arrangements for the full value of the estimate must be made prior to the procedures being performed. If my bill is greater than the full estimate I will provide additional financing or pay the difference via cash, credit card, debit card, or check prior to discharge of my pet from the hospital.

If no prior payment arrangements were made, I agree to provide payment via cash, credit card, debit card, or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has permission to provide such treatment and I agree to pay for such service.

I have been provided an estimated cost of \$_____. I understand that the estimate is merely an approximation and the final bill may be greater or less than the estimate.

Sign _____

Meadowlands Veterinary Center

Surgical Option Form

Add on to surgery

- Anal sac expression \$15.75
- Ear cleaning \$11
- Microchip insertion with Registration \$71
- Fluoride treatment \$19.75
- Dental cleaning \$100
- Nutritional support package – 3 day course
(Helps to minimize vomiting & diarrhea post-operatively. Promotes healthy stomach bacteria)
 - Canine I/D diet pate: \$3.23/can
 - Canine I/D diet stew: \$3.48/can
 - Feline I/D diet pate: \$2.16/can
 - Feline I/D diet stew \$1.54/can

We will automatically do a gratuitous toenail trim while under anesthesia.

OFF LABEL USE: I understand that some medications that may be used in my pet's treatment may not be meant for their species, but is it the best option for my pet.

If your pet is getting a dental today and needs extractions:

Sometimes we are unable to tell if your pet needs extractions until they are under anesthesia and we are able to get a good look in the mouth. In the event extractions are needed:

- I give my permission to go ahead and extract without a phone call.
- I want a phone call before any extractions. I understand that I will have my phone on me all day and be available to answer.

If you should not answer it will be up to the discretion of the Doctor to extract the teeth or not. I understand that I will be responsible for the additional costs of extractions. The cost may vary depending on the amount of teeth and whether they are simple or difficult extractions.

SIGN x _____ DATE: _____