

Dominion

Animal Hospital

795 Station Street
Herndon, VA 20170
703-437-6900

PROCEDURES/DROP OFF PERMISSION FORM

I give permission for Dominion Animal Hospital to perform the following procedures on my pet _____.

Please list below current medications your pet is taking:

Name of medication	Dose	Frequency	Last time given

History

YES NO

- Are vaccinations current?
- Is the dog on heartworm prevention?
- Any vomiting, diarrhea or coughing?
- Did your pet eat this morning?
- Is your pet allergic to any medication?
- Has your pet had any illness or injury in the last 30 days?

Please check any procedures you would like performed today:

- Nail clipping
- Ear flushing, plucking or cleaning
- Extract retained puppy teeth, if present
- Express anal glands
- Microchip identification

RISKS:

Anytime your pet is sedated or goes under general anesthesia, there is a risk involved. Dominion Animal Hospital will take necessary measures to make sure your pet has a safe recovery. Dominion has a trained technician monitoring during every sedated procedure, and uses state of the art monitoring equipment to provide your pet with the best care.

Emergencies can arise with no time to waste. In the event that an emergency arises: Please initial one below:

I would like Dominion Animal Hospital to take all measures to keep my animal alive, including CPR and administration of emergency drugs. _____

I would like Dominion Animal Hospital to refrain from resuscitation. _____

PREANESTHETIC BLOOD WORK:

If your pet is going under general anesthesia and has not already had pre-anesthetic blood work performed, this blood work will be performed in hospital prior to their procedure at additional cost. This assures the health status of the patient.

OVER NIGHT CARE:

If overnight care after your pet's procedure is recommend, this may be done at Dominion Animal Hospital or at a 24 hour facility. Dominion Animal Hospital is NOT an emergency hospital or staffed 24 hours for overnight care. Emergency hospitals that provide overnight care are not affiliated with Dominion Animal Hospital and will require separate charges.

FOR ALL DROP-OFF PROCEDURE:

Please initial your preference below: (Please select only one).

I authorize Dominion Animal Hospital to perform additional services if needed during my pet's procedure or recovery up to an additional 15% of the total estimate provided. (Dominion Animal Hospital will contact you to discuss the cost of these services if they exceed greater than 15%).

I do not authorize Dominion Animal Hospital to perform any services that exceed my estimate.

FOR DENTAL PROCEDURES ONLY:

It is not uncommon to discover the need for unexpected extractions during the course of a routine dental cleaning and after full mouth dental x-rays. Please initial your preference below: (Please select only one).

Fix the teeth or extract them at your option regardless of cost, I do not need to be contacted first.

Call me if the work needed will exceed the estimate previously given.

Disclaimer: If you choose to be contacted prior to having estimate exceeded, understand Dominion Animal Hospital will make one attempt to contact you at the number below, and that your pet may be anesthetized when we call. If you do not answer your call, your pet may be recovered from anesthesia without the needed treatment being performed.

FOR MASS REMOVALS ONLY:

If your pet is being dropped off for surgical mass removal, please alert your technician of ALL MASSES that are to be removed. Please make sure to have your technician either shave the fur around the mass or mark with a marker. If these masses are not pointed out- they may not be removed and additional surgery may be needed at additional cost.

_____ Received Estimate

Signed _____ Print Name _____ Date _____

Phone number where I can be reached today _____ Admitting technician _____