



Please read carefully and complete legibly with a pen.

Owner Information

Full name:

Address:

Phone Number:

Email:

Patient Information

Patient's Name:

Sex: Female Male
Spayed/Neutered? Yes No

Age/Date of birth:

Breed:

General Health Questions

• Current Medication :

• Relevant Medical Conditions:

Procedure Information

Intravenous (IV) Catheter + Fluids (\$50) :

Placement of an IV catheter allows delivery of fluids to assist in maintenance of your pet's blood pressure, hydration and to assist their organs in metabolizing the anesthetic drugs more efficiently. Additionally, in the event that an emergency situation develops, an IV catheter provides rapid access for drug administration. **IV placement is mandatory for any sedated procedure.**

Pre-Operative Blood Work Option :

Blood work helps the veterinarian identify potential underlying conditions that are not evident through routine examinations which may affect anesthesia recovery time and general health of your pet. Highly recommended for pets 9 years and older. While we do recommend that this screening is done for patients of all ages, the ultimate decision is left to the owner.

NO, I would like to decline all blood work and remove the \$100.00 charge. I understand that by declining blood, I am declining results that may offer information which could decrease many risk for my pets.

YES, I would like to run a pre-operative comprehensive blood panel (CBC/Chem) on my pet and accept the \$100 charge

CPR: In the event that a patient goes in cardiac arrest, we will perform cardiopulmonary resuscitation (CPR). The administration of CPR as well as emergency drugs if needed is an additional \$150 charge should it be required. If you do not wish for CPR to be administered in the event of an emergency, no charge will be associated.

- NO**, I decline CPR for my pet.
- YES**, I would like CPR for my pet in the event of cardiac arrest (\$150)

In the rare event that CPR is needed, we will be in contact.

Additional Services

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Nail Trim (\$0)<input type="checkbox"/> Anal Gland Expression (\$0)<input type="checkbox"/> Heartworm Check- Canine only (\$25)<input type="checkbox"/> FIV/FELV Test- Cat only (\$50) | <ul style="list-style-type: none"><input type="checkbox"/> Dog Vaccines + Heartworm test (\$130)<input type="checkbox"/> Cat Indoor Vaccines (\$60)<input type="checkbox"/> Cat Indoor + Outdoor Vaccines (\$120)<input type="checkbox"/> Microchip (\$25) |
|--|---|

GROWTH REMOVAL PROCEDURE ONLY - please indicate the location(s) of the growth(s) to be surgically removed on the diagram below:



GROWTH REMOVAL APPOINTMENTS ONLY - Biopsy:

This allows us to provide the type of tumor, malignancy, prognosis, metastasis, and whether or not the tumor was completely removed. A biopsy is always suggested even if further aggressive treatment is not being considered (ie: chemotherapy, etc) because palliative care options may be available depending on the biopsy results.

- NO**, I decline the biopsy and wish to remove the biopsy charge.
- YES**, I would like to do a biopsy for my pet's tumor(s) . *Standard 1-site Biopsy (\$292)*

PLEASE READ CAREFULLY AND INITIAL AFTER EACH STATEMENT:

_____ When you arrive at the clinic, please remain in your vehicle and call 808-425-7700 to let our staff know that you have arrived. Please provide the first and last name of your pet, your appointment time and the number of the stall you are parked in. Please make sure that cats are secured in carriers. Slip leads will be available for all dogs.

_____ To ensure the safety of everyone, please be sure to wear your mask over your mouth and nose when interacting with staff.

_____ I confirm that I am the owner of _____ (pet name)

_____ I authorize Dr. Obara to proceed with sedation and the _____ (scheduled procedure)

_____ I authorize anesthesia/surgery/hospital stay for my pet. I understand that some risks always exist with anesthesia and surgeries. I understand that there are risks, complications and side effects associated with any anesthetic or medical procedure. I will not hold Kalihi Pet Clinic, the veterinarian, or any staff member liable for any complications, including death, that may arise.

_____ If unforeseen issues arise during the scheduled procedure, I understand that Kalihi Pet Clinic will make every reasonable attempt to contact me to authorize additional services. If these efforts are unsuccessful, I authorize services that are deemed immediately necessary for the health of my pet.

_____ I have been provided with a quote of the estimated cost for the procedure. I am aware that quotes are just estimates and that the final total can vary.

Estimated Total \$_____ (Please refer to the quote for a full cost breakdown)

_____ I accept complete financial responsibility for all services rendered and understand that payment in full is required upon discharge.

Operating curbside has presented its challenges, but we are always striving to improve this experience for our patients and their families. Mahalo for your patience.

By signing below, I acknowledge that I have read, understand, and agree to the terms. I understand that if I have any questions or concerns, it is my responsibility to discuss them with a staff member.

Signature: _____ Date: _____

Please have your phone readily available for any time sensitive inquires, discharge instructions and/or pick up information. If there is an additional phone number (other than one provided in client information) please write it on the top of the front page.