



Wiley Veterinary Corp.
dba Oasis Veterinary Hospital
6635 Alhambra Avenue, Suite 100
Martinez, California 94553
Ph: 925.954.8087 Fax: 925.954.8635

Hospitalization and Treatment Release

Owner Name

Pet Name

Primary Phone

Secondary Phone

I authorize Oasis Veterinary Hospital, and the staff therein, to perform the treatment/procedure(s) described below. I have been informed of the reasons for the treatment/procedure(s), along with the expected benefits and risks involved.

Procedure(s): _____

Current Medications: _____

Last Given At: _____

Initials

Oasis Veterinary Hospital takes every precaution and measure to aid in preventing adverse events whenever possible, however, I understand that there are certain risks to anesthesia and that risks are present in any procedure that requires the use of general or intravenous anesthetic.

In the event that the veterinarian needs to reach me during my pet's stay at Oasis Veterinary Hospital, I will be available at the numbers provided above.

Emergency Care (Choose one)

Should my pet require cardiopulmonary resuscitation (CPR), including cardiac compression, defibrillation, positive pressure respiration, emergency drugs, or other heroic interventions deemed necessary:

I request that the veterinarian(s) at Oasis Veterinary Hospital pursue such medical care as indicated. I understand that the costs associated with these procedures are not included in my original estimate. I agree to pay for such services.

I decline CPR, emergency drugs, or any other heroic interventions.

I have read and consent to the above terms.

Owner:

Signature

Date