



Animal Hospital
 of Nicholasville



AUTHORIZATION for Professional Services

The following information is necessary in order that we might serve you better and give you more personal attention:

First & Last Name _____ **Address** _____ **City** _____ **Zip** _____ **Phone** _____
 Daytime phone _____

Pet Name _____ **Species** _____ **Breed** _____ **Age** _____ **Sex** _____ **Weight** _____

I am the owner for the above animal and have the authority to execute this consent. I hereby authorize the following procedure(s) or operations(s):

_____ The nature of such service has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure.

I understand that anesthesia carries some risk (even though it may be small). Therefore, blood testing is recommended before general anesthesia. The anesthetic agent is removed from the body by the liver and kidneys, so it is important to know before anesthesia that these organs are functioning at 100%. Blood work helps us make this determination and is required in all pets 8 years or older. We also require fluids during surgery to help maintain blood pressure and flush out the anesthetic and ECG monitoring in our older pets.

_____ I Accept the Basic Package, including: PCV/TP measurement, IV catheter placement and pain medications to go home
 I would like to add the Pre-Anesthesia- CBC Blood Work \$60.35 **Accept/Decline**

_____ I Accept the Comprehensive Package, including: Pre-anesthesia blood work, IV Fluids, ECG Monitoring and pain medications to go home

** If _____ is in heat, pregnant, or has been recently nursing, there will be an additional charge to spay her.

Additional Services

While under anesthesia, it is an opportune time to perform other procedures. I authorize the procedures selected below for _____. Please initial if you would like the following procedures to be performed.

- _____ Nail Trim \$14.03
- _____ Anal Sac Expression \$20.70
- _____ Microchip placement \$48.22
- _____ Update Annual Exam and Vaccinations
 - _____ Da2P _____ Bordetella _____ Leptospirosis _____ Rabies _____ FVRCP _____ FeLV
 - _____ Heartworm Test
 - _____ Intestinal Parasite Exam
- _____ Dental Cleaning - I have read the Dental form & am aware that teeth may need to be removed
- _____ Remove Growth Location of growth _____

IF FLEAS ARE SEEN ON YOUR PET THEY WILL BE GIVEN A FLEA PREVENTATIVE (select one)

- _____ Capstar 24 hour prevention \$ 6.99- \$7.09
- _____ Simparica 30 day Prevention \$ 17.38- \$18.57

I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of the surgery. Any medication and supplies purchased will be at additional charge.

Signature of Owner or Agent _____ Date _____