

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** _____
Daytime phone _____

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 operation(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 / decline the Pre-Anesthesia- CBC Blood Work	\$59.49
I accept / decline IV fluids during surgery	\$52.34
I accept / decline ECG monitoring during surgery	\$38.88
I authorize/decline additional pain medication to be given if deemed necessary by the veterinarian.	
I accept / decline Histopathology on the growth to be removed today	\$134.27

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

_____ Nail Trim	\$13.82
_____ Anal Sac Expression	\$20.39
_____ Microchip placement	\$47.51
_____ 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 PREVENTIONS (select one)

_____ Capstar	24 hour prevention	\$ 6.89 - \$6.99
_____ Simparica	30 day Prevention	\$ 17.12 - \$18.30

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.

If anyone other than yourself is picking your pet up, please list here : _____

Signature of Owner or Agent _____ Date _____