

## **AUTHORIZATION FOR SURGICAL PROCEDURES**

Please fill out this form completely. Please list phone number(s) below so that you can be reached immediately.

OWNER'S NAME \_\_\_\_\_ PET'S NAME \_\_\_\_\_

CONTACT # FOR TODAY 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

TODAY'S PROCEDURE(S) \_\_\_\_\_

### **PREANESTHESIA BLOODWORK**

I understand that anesthesia/surgery has some risk, no matter how small. Blood analysis is required prior to general anesthesia. Anesthesia is removed by the liver and kidneys, and it is important that these organs are functioning properly to minimize risk.

### **IN HEAT/PREGNANT**

I understand that if my pet is in heat or pregnant, there will be additional charges for an ovariohysterectomy (spay).

### **DENTAL PROCEDURES**

Sometimes while under anesthesia, additional problems are uncovered. This may require us to extract teeth, trim gum tissues, etc. We will not perform any additional services without your consent. Please initial next to one of the following options.

\_\_\_\_\_ Perform whatever procedures that are deemed necessary. I do not need to be contacted prior to performing the procedures. I understand that the additional charges will be relative to the procedures done.

\_\_\_\_\_ Please call me first at the listed number(s) prior to any procedures being done. If I cannot be reached, the procedures will **NOT** be performed today and may require future procedures.

\_\_\_\_\_ Please call me first at the listed number(s) prior to any procedures being done. If I cannot be reached, I authorize up to \$\_\_\_\_\_ above the estimate given to me to be performed.

### **DATAMARS MICROCHIP**

We offer microchipping for your pet for the onetime fee of **\$49**. We strongly recommend that we chip your pet while they are under anesthesia for the least amount of trauma. DATAMARS® is a microchip that we insert in-between your pet's shoulder blades. It then grafts itself to your pet's skin, preventing it from migrating through the body like other competitor microchips.

I ACCEPT \_\_\_\_\_

I DECLINE \_\_\_\_\_

### **ADDITIONAL SERVICES**

While my pet is under anesthesia, I authorize the following services (please circle):

Nail Trim.....	Yes.....	No.....	\$19.00
Anal Gland Expression.....	Yes.....	No.....	\$28.50
Ear Cleaning.....	Yes.....	No.....	\$37.75
Growth Removal.....	Yes.....	No.....	\$Variable
Vaccines.....	Yes.....	No.....	\$Variable

I understand that in the event that my pet has fleas, they will be given a Capstar, which is a one-time oral dosage that will kill fleas on the pet and lasts up to 24 hours at the owner's expense. **This is not optional.**

(0-25 lbs: \$21.58 | 25 lbs+: \$22.33)

The nature of these services has been explained to my satisfaction. All clinic personnel will act in good faith using the accepted protocols. I also understand that no guarantees can be ethically offered in regard to results.

Signature of Owner or Agent \_\_\_\_\_ Date \_\_\_\_\_