

**AUTHORIZATION FOR SURGICAL PROCEDURES**

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

OWNER'S NAME.....PET'S NAME.....  
CONTACT PHONE # TODAY (1)..... (2).....  
TODAY'S PROCEDURE(S).....

**PREANESTHESIA BLOOD WORK**

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 the risk.

**IN HEAT/PREGNANT**

I understand that if my pet is in heat or pregnant there will be additional charges for an ovariohystorectomy (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 additional procedures without your consent.

..... Perform whatever procedures are deemed necessary. I understand that the additional charges will be relative to the procedures done.

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

**DATAMARS MICROCHIP ©**

We offer microchipping for your pet for the onetime fee of **\$53.04**. 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 pets shoulder blades. It then grafts itself to your pets' 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..... **\$18.00**
- Anal Gland Expression.....YES.....NO..... **\$26.00**
- Ear Cleaning.....YES.....NO..... **\$34.50**
- Growth Removal.....YES.....NO..... **\$Variable**
- Vaccines.....YES.....NO..... **\$Variable**

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

Signature of Owner or Agent..... Date.....