

Authorization Drop Off Dental, Spay, Neuter, Declaw, General Surgery, Vaccines

Name of Pet: _____ Name of Owner: _____ Date: _____

I authorize the performance of the following procedure(s). I am the owner am agent of the above-named pet and have the authority to execute this consent. This nature of the below procedure(s) has been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results. With any procedure, anesthesia carries some risks, and blood testing is required beforehand. It is important to know that your pet's organs are functioning well before anesthesia is performed. This is necessary for all pets of any age so that extra precautions can be taken if needed. We are always careful with all procedures, but some pets have special needs that need to be detected. All pets will be required to stay until 5:30 pm unless otherwise notified. Surgery will be performed by Dr. Carbonell, Dr. McNatt, Dr. Muhoho, or another associate veterinarian.

*I will give the doctor permission to extract decayed, unhealthy, or painful teeth, including baby teeth at extra cost. Declining lab tests, extractions, x-rays, or fluid support will results in postponement or cancellation of the procedure. The full extent of dental disease can only be evaluated under general anesthesia and possible x-rays.

*I assume financial responsibility for all services surrendered and that payment is due in full on the date of the procedure.

Optional Procedures During Drop-Off Visit:

Microchip: \$89 -----	yes ()	no ()
Nail Trim: \$16 -----	yes ()	no ()
Anal Gland Expression: \$22 -----	yes ()	no ()
Routine Ear Cleaning (no infection): \$14 -----	yes ()	no ()

Procedure(s)/Reason for Visit: _____

Estimated Cost: \$ _____ to \$ _____ Deposit: \$ _____

Procedure and estimate authorized by: _____

Phone Number: _____