

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) listed below. I am the owner or 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. Muhoho, Dr. Cochran, or another associate veterinarian.

DENTALS: I will give the doctor permission to extract decayed, unhealthy, or painful teeth, including baby teeth, if it is necessary, at an extra cost. Declining lab tests, extractions, x-rays, or fluid support will result 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 rendered and understand that payment is due in full on the date of the procedure.

Optional Add-On	Price	Yes	No
Microchip	\$94.50	<input type="checkbox"/>	<input type="checkbox"/>
Nail Trim	\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Nail Grinding (Nail Trim Included)	\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Anal Gland Expression	\$24.00	<input type="checkbox"/>	<input type="checkbox"/>
Routine Ear Cleaning (No Infection)	\$25.50	<input type="checkbox"/>	<input type="checkbox"/>

Procedure(s)/Reason for Visit: _____

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

Procedure and Estimate Authorized by: _____

Phone Number: _____