



# ST. FRANCIS

VETERINARY HOSPITAL

## AUTHORIZATION FOR PROFESSIONAL SERVICES

Owner: \_\_\_\_\_ Client #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ Patient: \_\_\_\_\_ Species: \_\_\_\_\_  
 TEXT Y N \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_  
 Weight: \_\_\_\_\_

**\*We MUST have a phone number where you can be reached while your pet is in the clinic\***

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby authorize the performance of the following procedure(s) or operation(s):

SPAY     NEUTER     DECLAW     DENTAL     OTHER:  
 \_\_\_\_\_

The nature of such services 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 or cure for my pet.

I understand that anesthesia carries some risk. To reduce the anesthetic risk, the following options are recommended before general anesthesia.

**PRE-ANESTHETIC BLOOD WORK:** Blood analysis is very important when surgery is performed. Your pet, regardless of its age, should have pre-anesthetic blood work to alert the veterinarian to any underlying kidney or liver disease that would pose an extreme risk. It is important to know before anesthesia that these organs are functioning properly.

I accept Lab Work                       I decline Lab Work                      **Cost: \$62.44**

**INTRAVENOUS FLUID THERAPY:** This procedure allows your veterinarian to maintain blood pressure, continue adequate organ perfusion and allows immediate I. V. access in the event of an emergency (for drugs that improve respiration and cardiac function).

I accept IV fluid therapy                       I decline IV fluid therapy                      **Cost: \$54.18**

**PAIN MEDICATION:** Pain medication is strongly recommended to help your pet be as comfortable as possible. We will only prescribe pain medication if it is deemed necessary by the veterinarian.

I accept pain medication                       I decline pain medication                      **Cost: request est.**

**DENTAL PROCEDURES:** After a thorough dental cleaning and polishing, we recommend a professional application of Oravet Plaque Prevention Gel. This product helps to prevent plaque and tarter-forming bacteria from adhering to the teeth, thereby prolonging the beneficial effects of dental cleaning. We also recommend dental x-rays as a method to detect dental problems not visible to the eye upon exam.

I accept Oravet                       I decline Oravet                      **Cost: \$42.68**  
 I accept dental x-rays                       I decline dental x-rays                      **Cost: \$55.39/\$42.88**  
(dog)

/(cat)

**ADDITIONAL PROCEDURES:** While under anesthesia, it is an opportune time to do other procedures. Please select any procedures below that you would like performed on your pet.

Dental Cleaning (request est.)                       Nail Trim (\$15.28)                       Microchip (\$39.70)

Signature of Owner or Agent

Date

Ear Cleaning (\$27.97)

Remove Growth (request est.)

Other:

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I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of the procedure. Any medication and supplies purchased will have an additional charge.

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Signature of Owner or Agent

Date