

## Authorization for Professional Veterinary Services

Dr. Weldy's Associates

Name of Owner or Agent:

Name of Animal:

Reason for visit: \*

**Contact information:** Please give phone numbers where you or someone with authorization to accept treatments can be reached while your pet is in our care today.

Name:  Phone #: ( ) - ext:

Name:  Phone #:

### A few things to be aware of:

- If your pet is found to have fleas, a Capstar pill will be given to kill existing fleas at an additional charge of **\$6.50-7.00**.

**Required Test for Senior Patients:** Anesthesia carries some risk; therefor, blood work tests before surgery are required for all patients over 7 years of age.

**Pre-Anesthetic Blood Profile**  Accept  Decline

Post-Operative pain relief medication aids in healing and inflammation, therefore the following medications have been recommended:

**Pain Relief Injection will be given at the time of Surgery, to relieve pain for 12 hours.**

(Estimated **\$15 to \$30** depending on patient weight)

**Oral or Transdermal Medication for Pain Relief for 4 days:**  Accept  Decline

While your pet is under anesthesia it is opporune time for us to administer an identification chip with Home Again. This fess includes the first year activation and registration fee.

**Microchip Identification:** **\$55.00**  Accept  Decline

**By signing below you have acknowledged that you are the owner or the owner's agent of the above stated animal(s) and have the authority to execute the consent. You also understand and assume financial responsibility for all services rendered for the above treatments. You are aware that payment is full is due on the date of the surgery.**

**Payment in Full When Service is Rendered-Estimates Available**

Sign here to acknowledge: \_\_\_\_\_ Date: 10/13/2017