

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	<input type="checkbox"/> Accept	<input type="checkbox"/> Decline
Post-Operative pain relief medication aids in healing and inflammation, therefore a pain relief injections will be given at the time of surgery, to relieve pain for 12 hours. Also, an oral or transdermal medication will be dispensed for pain relief starting the day after surgery.		
Histopath (cancer screening): \$88.00 (per lump)	<input type="checkbox"/> Accept	<input type="checkbox"/> 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