

## Authorization for Pocket Pet Surgical and Professional Services

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Species: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

**I hereby authorize NSVC to perform the following anesthetic or surgical procedure(s):**

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The nature and costs of such service(s) has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure.

(Owner's initials)

**Fleas:**

To prevent flea infestation of the hospital and its' patients, all hospitalized pets are carefully examined for any evidence of fleas. If any fleas are detected, a single dose flea treatment will be given at the cost of up to \$25.00. This policy protects your pet as well as others.

**Endoscopic Oral Exam (guinea pigs only):**

Guinea pigs have teeth that continue to grow throughout their life. Many guinea pigs can develop a misalignment of their chewing teeth that may cause severe problems over time including difficulty chewing, weight loss, pain and infection. Due to the anatomy of their mouths, anesthesia and endoscopic equipment are required in order to assess these teeth. We offer the option of an endoscopic oral exam to examine your pet's mouth while they are under anesthesia.

**The cost of this service is \$55.00.**

- Yes, I want my pet to have an endoscopic oral exam.
- No, I do not want my pet to have an endoscopic oral exam at this time.



**Post-Operative Pain Control:**

All patients receive pain medication at the hospital when undergoing surgery. The full price for spays and neuters includes additional pain medication to take home. For our low-cost spay and neuter clients, we are happy to offer additional take home pain medications at an extra charge of \$15-\$35 depending on the size of the patient.

- Yes, surgery today is being paid for with a shelter certificate or by a rescue organization. Please send home additional pain medication with my pet at an extra charge of \$15-\$35.

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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 service.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Owner or authorized agent

Phone number(s) to reach you ALL DAY: \_\_\_\_\_ May we text this #? Yes / No

