



## Canine and Feline Surgical Procedure Authorization Form

Client Name: \_\_\_\_\_ Patient: \_\_\_\_\_

Patient #: \_\_\_\_\_ Date: \_\_\_\_\_

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

**I authorize NSVC to perform these additional treatments:**

- Microchip - \$54** - The DataMars™ microchip is a small computer chip which is implanted under the skin between the shoulder blades. The chip can be read by a scanner, allowing identification by all animal control facilities and most veterinarians.
- Deciduous tooth extraction – Cost varies per # of teeth** - Some dogs (occasionally cats) retain their baby teeth after their adult teeth have erupted. These teeth can cause severe dental disease as your pet ages if they are not removed. These teeth need to be manually extracted while under anesthesia.
- Oravet - \$21- \$59** - We recommend application of professional strength Oravet Gel dental sealant to pet’s teeth without appreciable tartar build up. This product helps prevent the bacteria that cause plaque and tartar from adhering to teeth. This application lasts for 4 weeks.
- Fluoride - \$7.50** - Professional strength fluoride is available for application to pet’s teeth without appreciable tartar build up.
- Nail Trim – Complimentary with anesthesia**

**For Spay Procedures:**

- If my pet is found to be pregnant I **WOULD** like to continue with the procedure. I understand that if my pet is in heat or pregnant there will be an additional cost.
- If my pet is found to be pregnant I **WOULD NOT** like to continue with the procedure.

**Post-Operative Pain Control:**

- I prefer giving oral tablet medications.
- I prefer giving liquid medications.
- I cannot give any oral medications and would prefer injectable when possible.

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- *I understand that no guarantee or warranty for success can be given and that some risks are involved in all procedures. The risks have been explained to my satisfaction and North Seattle Veterinary Clinic has my permission to perform the procedures as listed above.*
  - *I understand North Seattle Veterinary Clinic is not a 24-hour facility and is not staffed by medical team after hours.*
  - *If your pet requires continuous 24-hour care, we recommend transferring your pet to a local Emergency and Specialty facility.*
  - *I understand that I assume financial responsibility for all services rendered, and that payment is due on the day of service.*

Authorized Agent Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ or \_\_\_\_\_

Other Authorized Agent Phone Number: \_\_\_\_\_ Name: \_\_\_\_\_

Technician/DVM Witness: \_\_\_\_\_ (initial)