



Small Mammal Surgical 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:

Endoscopic Oral Exam - \$62 (already included in Teeth Trim procedures)
Rabbits and Guinea Pigs have teeth that continue to grow throughout their life. These pets may develop a misalignment of their 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 to assess these teeth.

I decline an Endoscopic Oral Exam

Complimentary Nail Trim

- *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: _____ Ask for _____

Technician/DVM Witness: _____ (Initial)