

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.**
- Extractions may be recommended and range from \$10 to \$50 per tooth. With extractions, antibiotics may be needed and range from \$10-30 depending on patient weight.

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 medication has been recommended:

Pain Relief Injection will be administered during dental cleaning
(Estimated **\$15-\$30** depending on patient weight)

Oral or Transdermal Medication for Pain Relief for 4 days following surgery:
 Accept Only if Extractions Decline

• *You have my permission to extract any teeth deemed necessary by doctor.*

OR

• *Please contact me at the above listed phone numbers prior to any extractions. If I cannot be reached, I understand that seperate dental may need to be scheduled.*

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