

Client:  
Patient:

Authorization Form ~ Canine/Feline

The animal described above is here for the following procedure(s):

SPAY

FRONT DECLAW

NEUTER

REAR DECLAW

Other: \_\_\_\_\_

Pull Deciduous (Baby) Teeth, if present

Mass Removal

Histopath

Accept

Decline

I hereby  Accept pre-anesthetic lab testing  
 Decline pre-anesthetic lab testing

I hereby  Accept IV Catheter/fluids  
 Decline IV Catheter/fluids

I hereby  Accept microchip placement  
 Decline microchip placement

I am the owner/agent for the owner of the above animal and have the authority to execute the consent. I hereby authorize the performance of the above-described procedure the veterinarian has recommended. In addition, I authorize the use of appropriate anesthetics and other medications and understand that hospital personnel will be employed as deemed necessary by the veterinarian. Finally, I agree to pay all charges incurred when the animal is released from the hospital.

Estimate (may range from \$50-100.00 +/-)  Contact Number(s): \_\_\_\_\_  
\_\_\_\_\_

Signature of Owner/Agent:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_