

Orangeville Animal Health Service, LLC

300 Samuelson Dr, Orangeville, IL 61060

(815) 789-4558

Jessie Mills, DVM / Lynne Acebey, DVM

Authorization for Medical and/or Surgical Treatment

Client ID & Name: {ID} {FULLNAME} {PHONENUMBER}

Pet's Name: {NAME} Species: {SPECIES} Breed: {BREED} Age: {AGE} Sex: {SEX}

Medical and/or surgical procedure(s) to be performed:

- () Neuter () Dental prophylaxis (extractions as needed)
() Spay () Radiographs (X-rays)
() Declaw 2 4 () Vaccinations
() Growth Removal () Heartworm Test
() Other:

I authorize the veterinarian(s) at {CLINICNAME} to perform the above procedure(s), and the use of all appropriate anesthetics, sedatives, tranquilizers and/or other medications. I understand that during the performance of authorized procedure(s), unforeseen conditions may arise that necessitate an extension of (or additional) procedure(s). Therefore, I hereby authorize the performance of such procedures as are deemed necessary or desirable in the veterinarian's professional judgment. I realize that some risks (including death) always exist with anesthesia and/or surgery. While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I have been advised as to the nature of the procedures or operations and the risks involved, which include, but are not limited to, infection, wound dehiscence, hemorrhaging, and tissue reaction to suture materials and death. Should unexpected life-saving emergency care be required, the staff has my permission to provide such treatment.

I agree to pay in full for services rendered, including those deemed necessary for the medical or surgical complications or unforeseen circumstances.

I DO [] DO NOT [] want optional bloodwork prior to anesthesia 1) Pre-anesthetic panel (\$40) [] 2) Big 3 (\$115) []

<I understand that bloodwork is NOT optional for pets over 8 yrs of age.>

I DO [] DO NOT [] want to have a microchip implant for my pet. (\$52)

My pet is currently on the following flea protection: Brand Name Date Administered

I understand that flea treatment will be given if fleas are seen on my animal during an exam. Initials

*My pet is currently taking the following medications: *

The last dose was given: / / @ : a.m. / p.m. (circle one)

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent Date Daytime Phone

PE: BCS: T: ° P: R: MM: CRT: