

Orangeville Animal Health Service, LLC
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Orangeville, IL 61060
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Authorization for Medical and/or Surgical Treatment

Client Name: _____ Phone: _____
Pet's Name: _____ Species: _____ Breed: _____
Age: _____ Sex: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Neuter | <input type="checkbox"/> Dental prophylaxis (extractions as needed) |
| <input type="checkbox"/> Spay | <input type="checkbox"/> Radiographs (X-rays) |
| <input type="checkbox"/> Declaw 2 4 | <input type="checkbox"/> Vaccinations _____ |
| <input type="checkbox"/> Growth Removal | <input type="checkbox"/> Heartworm Test |
| <input type="checkbox"/> Other: _____ | |

I authorize the veterinarian(s) at Orangeville Animal Health Svc, LLC to perform the above procedures(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 to have a microchip implant for my pet.

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

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

Signature of Owner or Agent Date Daytime Phone