

"TOP TEN" THINGS WE CAN DO WHILE YOUR PET IS ASLEEP

The following procedures can be performed at the time of the surgery without any anxiety or pain to your pet: (Check box to select)

- Teeth cleaning (Dogs-\$30.00/Cats-\$20.00 if asleep for another surgery. Extractions, if necessary, cost extra.)
- Nail Trim (\$5.00)
- Ear Cleaning (\$2.00, plucking fur from ear canal may cost extra.)
- Express Anal Glands (\$11.00)
- Tatooing (\$10.00) Enter numbers to be tatooed _ _ _ _
- Spray for Fleas (Adam's \$2.00) (Frontline Top Spot \$11.00)
- Remove Dewclaws from dog's feet(front, rear, all).
- Histopathology report on tumor removed. HIGHLY RECOMMENDED!
- Vaccinations/Worm Test(s)
- Other

INSTRUCTIONS TO THE DOCTOR

Sometimes while a procedure is being performed, the doctor finds something additional that should be done (ex.- baby teeth that were not shed and need to be extracted or a hernia that needs to be repaired). We need your approval to proceed, so we must ask you, "If any additional procedures seem indicated while your pet is here, what should we do?" (circle one below, please)

1. Take whatever additional steps you deem necessary to ensure the health and well being of my pet.
2. Only proceed with my approval. I can be reached at () _____
If you cannot reach me: A. Do not proceed with any additional work.
(circle one---->) B. Go ahead, use your judgement.
3. Do nothing not already agreed upon. Do not try to contact me.

OWNER'S AUTHORIZATION

I hereby authorize the Ponderosa Animal Clinic to perform the surgery, diagnostic tests, and other procedures I have indicated above. There has been no recent illness or injury that could affect the safety of this procedure. I have withheld food and water for my pet's safety. I understand the nature of the procedures to be performed, and I understand that no guarantees can be made as to results or cures. I understand there may be risks associated with any procedure, and that unforeseen complications are my responsibility as the owner of this pet, not the responsibility of the Ponderosa Animal Clinic. I will pick up my pet as instructed and pay for all charges at that time.

X _____ Date _____
(Owner or Agent of Owner)

PONDEROSA ANIMAL CLINIC
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