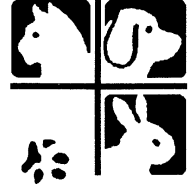


AUTHORIZATION TO PERFORM MEDICAL TREATMENT OR SURGERY

TO: SABAL CHASE ANIMAL CLINIC (IAN BRUCE KUPKEE DVM)
10710 SW 113th Place, Miami FL 33176 (305-595-1450)



Date: _____ Procedure: _____

Owner: _____ Pet Name: _____

Address: _____ Species: _____ Breed: _____

Color: _____ Sex: _____

AUTHORIZATION:

1. I am the owner of the animal identified above. I am 18 years of age or older, and I have the authority to give this authorization and do so voluntarily, having been advised of all of the probable and material risks associated with this treatment.
2. Dr. _____ has described the procedures identified above and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the animal's condition or the outcome of any procedures. In particular, I have been advised that, in the event that the treatment requires the use of anesthesia, that there is a risk of death every time an anesthetic is used. I also understand that all reasonable precautions against injury, escape or harm will be taken. I have been advised of the likelihood of such an occurrence and I will hold you blameless if such events occur.
3. I authorize the performance of the identified procedures and the use of associated anesthetics and other medications.
4. I also understand that unforeseen conditions may be revealed during the identified procedures which, in the opinion of the attending veterinarian, require more extensive or different procedures or treatments. I understand that reasonable efforts will be made to contact me to explain these procedures and treatments and obtain my instructions regarding them. However, if the efforts are unsuccessful, I authorize the performance of any procedures or treatments which are necessary in the professional opinion of the attending veterinarian.
5. I also understand that if fleas or ticks are found on my pet, Sabal Chase Animal Clinic will treat or medicate as needed and I will be responsible for all charges.
6. I have agreed to pay \$_____ for the above procedures and related clinic fees. I will pay this money at the time the animal is discharged and hereby acknowledge my indebtedness for this amount.
7. I have read and understand this authorization.

Preanesthetic Bloodwork is mandatory for all anesthetic procedures within the past 3 months. Bloodwork is \$109.50 today if your pet is here for anesthesia and it has not been done. **Initial** _____

I would also like the following services at the time of surgery and/or exam today:

| | | |
|--|---|---|
| <input type="checkbox"/> Dental Cleaning | <input type="checkbox"/> Nail Trim (no charge) | <input type="checkbox"/> Convenia 2 week antibiotic injection |
| <input type="checkbox"/> Microchip Placement | <input type="checkbox"/> Anal Gland Expression | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Extractions of baby teeth | <input type="checkbox"/> Sanitary Cut | <input type="checkbox"/> Canine Influenza Vaccine |
| <input type="checkbox"/> Remove warts/skin growths | <input type="checkbox"/> Ear Clean and/or Pluck | <input type="checkbox"/> Other: _____ |

Please give us accurate phone numbers so that you can be reached promptly.

Contact Number: _____ **Alternate:** _____

OWNER or Authorized Agent of Owner: _____ **Witness:** _____