

OTHER SERVICES TO CONSIDER (additional charges will apply)

- Pain Relief

This practice recognizes that post-operative discomfort is likely with any procedure that requires surgery (major or minor) and certain other medical conditions such as otitis. Perioperative and postoperative pain relieving medication is strongly recommended to help your pet recover in a more comfortable and less stressful manner. *Due to the invasive nature of some procedures (orthopedics, declaws, and some wound repairs), the administration of pain relieving medication is **not** an option).*

I do _____ I do not _____ *request pain control*

- Microchip implantation

This chip greatly increases the chances of your pet being returned safely to you in the event it is lost; it is recommended by the NC State Animal Response Team after Hurricanes Floyd and Katrina.

I do _____ I do not _____ *request microchip implantation*

- Dental Prophylaxis

Many anesthetic events are compatible with dental prophylaxis done at the same time. Oral health is big factor in the overall health of the body.

I do _____ I do not _____ *request a dental prophylaxis*

Procedures to be performed: _____

(Surgical sites and one or both of front legs will be shaved for catheter placement for sterility purposes.)

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the pet described below. I do give permission to the veterinarian(s) and staff to perform the procedure(s) listed above.

I realize all surgery and anesthesia carries some risk. I authorize the use of appropriate treatments or additional drugs or procedures, which may incur additional charges, if an adverse event arises.

During dental procedures, I understand that one or more teeth may need to be extracted for maintenance of oral health.

I have been advised as to the nature of the procedures and the risks involved and I realize that results cannot be guaranteed. I agree to indemnify and hold the hospital, doctors, and staff of Woodsdale Animal Hospital harmless, from and against any and all liability, arising out of the performance of the procedures referred to above.

Pet Name _____

Owner/agent _____

Phone number(s) to be reached today _____

Date _____

