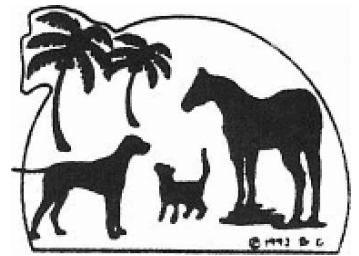


AUTHORIZATION FOR PROFESSIONAL SERVICES



Driftwood Animal Hospital
932 Mason Ave
Daytona Beach, FL 32117
(386)255-1407

The following information is necessary in order that we might serve you better.
PLEASE FILL OUT THE FORM COMPLETELY.

Owner's Name: _____

Name of Pet: _____

Species: _____ Breed: _____ Age / Sex: _____ / _____

PHONE NUMBER(S) WHERE YOU CAN BE REACHED TODAY:

I, _____ *Print Name* _____, am the owner, or represent the owner of the above described animal and have the authority to give this consent. **I hereby authorize the following operation(s) or procedure(s):**

The nature of such service has been described to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. **Check Here:**

I understand that anesthesia carries some risk (even though it may be small). Anesthesia is not without complications. If your pet experiences difficulty during anesthesia, we will address them which may result in additional cost to you. The anesthesia is removed from the body by the liver and kidneys, so it is important to know before anesthesia that these organs are functioning properly. Blood work helps us make this determination and is recommended in all pets 8 years and older.

CHECK ONE: I ACCEPT the pre-anesthesia in house lab work (cost being \$62.90) YES NO

An IV catheter is an option available for your pet. The IV catheter gives a direct line into a vein and allows the Doctor to administer life-saving medications should a complication arise.

CHECK ONE: I ACCEPT the IV catheter (Cost being \$50.99) YES NO

Post operative pain control is an option available for your pet. Various types of pain control are available and cost will depend on the type of pain control administered. **(Cost commonly is \$38.52)**

**CHECK ONE: YES - I want my pet to receive post operative pain control
 NO - I do not want my pet to receive post operative pain control**

PLEASE be aware that if your pet is in heat, pregnant, or has been recently nursing there will be an extra fee to spay your animal.

I understand that I assume financial responsibility for all services rendered, and that payment is due on the date of the surgery. Any medications and supplies will be at an additional charge.

Signature of owner or representative: _____ Date: _____

PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED

** The Doctors reserve the right to do any of the above as they see necessary **