



Maul Road Animal Clinic
 1249 Maul Road Camden AR 71701
 Betty S. Rigby, DVM

AUTHORIZATION FOR MEDICAL TREATMENT AND/OR SURGICAL PROCEDURE

AUTHORIZATION

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described below. I hereby give Maul Road Animal Clinic, their agents, employees, and representatives, full and complete authority to perform the medical and/or surgical procedure and anesthesia stated below. I release Maul Road Animal Clinic, their agents, employees, and representatives from any liability for performing the procedure described below.

I agree to pay in full for the services rendered including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. The final bill may be less or greater than any estimated amount.

OWNER/AGENT

First Name	Last Name	Client ID # (office use only)
Home Phone	Emergency Phone	Mobile Phone

PET

Name	Age	Species: DOG / CAT
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TREATMENT OR PROCEDURE

PRE-ANESTHESIA BLOOD TESTING

We recommend a pre-operative blood screen to identify any existing internal problems not evident on physical examination prior to anesthesia. This will add an additional \$32.00 to your total.

Accept Decline

POST-OPERATIVE PAIN MANAGEMENT

For your pet's comfort, we offer medicine to alleviate post-surgical pain. This is available at an additional cost which is based on your pet's weight.

Accept Decline

PROCEDURE SPECIFIC INFORMATION

OVARIOHYSTERECTOMY-

_____ Due to increased difficulty, I understand that there is an additional cost of \$26.00 if my dog is in heat. No additional charge for cats in heat.

Pregnancy is a possibility in most adult females and often isn't detected until we have started the surgical procedure. If my pet is pregnant, I would prefer to:

_____ Stop the procedure. I understand that I will be charged for surgery time, anesthesia, and supplies.

_____ Continue with the procedure. I understand that there is an additional cost if my pet is pregnant.

PROFESSIONAL DENTAL CLEANING-

It may be necessary to extract loose, abscessed, severe root exposed, split, broken, and even retained deciduous (baby) teeth or place your pet on antibiotics to combat the abundant bacteria in the mouth.

_____ I understand that these additional services are beneficial for my pet and that they carry an additional cost.

VACCINATIONS

I would like to vaccinate my pet for Rabies and/or other diseases.

Accept Decline _____

GROWTH/TUMOR REMOVAL

_____ I would like to have a histopath performed. I understand that this will add \$56.25 to my total.

Owner/Agent Signature	Date
Witness Signature	Date

Thank you for giving us the opportunity to care for your pet!