

COMPLETE CARE SURGERY PROGRAM
(Teeth Cleanings)

SURGICAL AUTHORIZATION

Owner _____ Pet _____

We strongly recommend a small blood sample be taken before surgery:

For pets 0-5 yrs of age to screen for kidney & liver functions, bleed- ing disorders, anemia & body protein.
Cost: _____

I choose to waive the option of pre-surgical blood work. (Initials) _____
For pets over 5 yrs, a blood chemistry profile & complete blood count are mandatory.
Cost: _____

As the owner or agent to the owner of the above animal, I hereby give my consent to DR. RODNEY YETTER, DVM at PRAIRIE RIDGE VETERINARY CLINIC to perform the following procedures:

1) _____	Post-Op Pain Inj. _____	<u>Safety & Comfort Package</u>
_____		IV Fluids, Presurgical 2)
_____		Blood Work-Up, Post-Op 3)
		Pain Inj. _____

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect DR. RODNEY YETTER at the PRAIRIE RIDGE VETERINARY CLINIC to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal.

_____ I would like to have only the teeth cleaning done - nothing else.

_____ I would like the doctor to call me if he sees any other problems/concerns while cleaning the teeth - **before** he does anything.

_____ I would like the doctor to do whatever he feels is necessary while cleaning the teeth.
(extractions, treating periodontal pockets, etc.)

Signature of Owner/Agent _____ Date _____

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.

Phone number where we can reach you: _____