

NORTH CACHE VETERINARY SERVICE 191 WEST 100 NORTH, P.O. BOX 88 RICHMOND, UTAH 84333



Surgery/Anesthesia

Owner(s)		Name of Pet	
Address		Species	
City, State, Zip	-	Breed	
Phone number(s)	_	Sex_	Age
		Weight	
Authorization ; I hereby authorize treatment, surge these procedures, including the anesthesia process. <u>performed.</u> Any estimate for planned procedures is amount. Estimates are given upon request.	I understand that payme	ent in FULL is to be mo	ade for all services at the time they are
To make anesthesia safer for your pet, our doctors animal has not had one at our clinic. 2) Pe-anesther recent abnormal health related problems.	recommended the follow tic blood-work to screen	ving: 1) a physical exam for underlying medical	n (\$42) if requested from owner if disease, and 3) a detailed history of any
I authorize the following blood-work to be done Critical Care + CBC (\$55) Checks kidned disorders Comprehensive + CBC (\$82) Evaluates Critical Care + CBC + Clotting time (\$90) Clotting Time (\$45) The time it takes for Decline	ey and liver functions a overall health for your 95) Same as above and i	pet (Senior animals/C n addition, how fast the	ritical patients) ne blood clots.
In the event of an emergency, do you wish for ac Resuscitate Do Not	dditional efforts to reviv Resuscitate	re your pet? (Circle one)	
Dew Claws(2) Dew Claws(4) Growth/Lump Removal Hernia	Clean/Check Ears Dock Tail Hip/Kr Pin Leg Spay	Declaw (front) Decl Entropion nee(Crutiate) Surgery Sutu	aw (front and back) Grass Awn (Foxtail) re Laceration
Other procedures to be completed at the time of Anal gland cleaning (\$8.50) Trim nails (\$8) Microchip (\$40)	Heartworm Test (\$19)		
Vaccinations your pet needs: <u>Dogs:</u> Rabies (\$15) Dewormer (\$4) Bordatella (\$18.	.50) Rabie	<u>Cats:</u> s(\$15) Leukemia (\$	28.83) Deworm(\$4)
Distemper/Parvo (\$18.21) Influenza (\$20)	Rattlesnake (\$19.39)	FIP (\$27) Com	plete Deworm (\$15 apprx)
I have read and understand this authouize event that legal action is necessary, I agree any other collection costs.			
Signature		Date	Primary phone #