



# NORTH CACHE VETERINARY SERVICE

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



Dental

Owner(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
\_\_\_\_\_

Name of Animal \_\_\_\_\_  
Species \_\_\_\_\_  
Breed \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_

In the event that the clinic can not reach me at this/these numbers listed above I authorize the Veterinarian to proceed with their recommended treatment. (SQ fluids, Teeth extractions, Etc.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization:** I hereby authorize treatment, surgery, or care as deemed necessary for my pet. I realize there may be risks involved in these procedures, including the anesthesia process. In the event that dental disease is too advanced to maintain a tooth in a healthy condition your pet may require an extraction. I understand that **payment in FULL is to be made for all services at the time they are performed**, unless prior arrangements have been made. Any estimate for planned procedures is only approximate and the final charges may be greater or less than the estimated amount. Estimates are given upon request.

To make anesthesia safer for your pet, our veterinarians recommended the following: 1) a physical exam (\$42) if requested from owner if animal has not had one at our clinic, 2) Pre-anesthetic blood work to screen for underlying medical disease, and 3) a detailed history of any recent abnormal health-related problems.

I authorize the following blood work(s) to be done (Blood work is recommended, not required):

- Critical Care + CBC (\$55) Checks kidney and liver functions and evaluates your pet for infection, anemia, and some clotting disorders.
- Comprehensive+CBC (\$82) Evaluates overall health for your pet (senior animals, critical patients.)
- Critical Care+CBC+Clotting time (\$95) Evaluates kidney and liver functions, your pet's overall health, and time for your pet's blood to clot.
- Clotting time (\$45) The time it takes blood to clot. (Required for feline declaws.)
- Decline

Other procedures to completed at the time of the surgery: (Additional costs apply)

- Anal Glands Cleaning
- Trim nails
- Microchip

Vaccinations your animal needs:

Dogs:

Cats:

- |  |                                    |                                      |                                    |                                   |                                   |
|--|------------------------------------|--------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Rabies          | <input type="checkbox"/> Dewormer  | <input type="checkbox"/> Bordetella  | <input type="checkbox"/> Rabies    | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Dewormer |
| <input type="checkbox"/> Distemper/Parvo | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rattlesnake | <input type="checkbox"/> Distemper | <input type="checkbox"/> FIP      |                                   |

Estimate \$ \_\_\_\_\_ Method of payment Credit Card Check Cash Care Credit

I have read and understand this authorization and consent to treatments by the Veterinarian and his staff. In the even that legal is necessary, I agree to be responsible for accrued interest, attorney's fees, cost of court and any other collection costs.

\_\_\_\_\_  
Signature Date Primary Phone Number Staff I.N

Release: Picked up by \_\_\_\_\_ on \_\_\_\_\_ Staff I.N \_\_\_\_\_