Sheeler Road Animal Hospital

547 Sheeler Road Apopka, FL 32712 (407) 889-0513

Wayne A. Lundberg, DVM

Becky Niedfeldt, DVM

Jennifer M. Lindman, DVM

Surgery and Anesthesia Authorization

| Patient | Date | | |
|---|--------------------------------------|----------------------|--------------------------------------|
| l hereby authorize Sheeler Road Animal Hospital | I and its staff to | perform: | |
| And any additional diagnostic procedures or trea complications or otherwise unforeseen circumsta | | | |
| The nature of the procedure(s) has been explained butcome or cure. I understand that there may be | | | given as to the |
| Sheeler Road Animal Hospital requires that all partient care be current on all the required vaccinates been administered by a <u>licensed veterinarian</u> . Alterequired to have a flea bath or a flea treatment w | ations, if health liso, all pets mus | permits. These vacci | nations must have at patient will be |
| Please select from the following: | Cost | Accept | Decline |
| Pre-anesthetic Blood Work | \$55.00 | | |
| IV Catheter and IV Fluids | \$60.00 | | |
| or | | | |
| Combined Package Price (\$15 savings) Includes Blood Work and IV Catheter | \$100.00 | | |
| Home Again® Microchip (tax included) | \$47.92 | | |
| Radiographic Hip Screening | \$72.00 | | |
| I have read and understand the above information Signature of owner/authorized agent | | the procedures descr | ribed. |
| Phone number where you may be reach | ed today | | |

Payment is expected when services are rendered.