

**Aspen Veterinary Clinic**

441 Landmark Lane #5  
Spring Creek, Nevada 89815  
(775)753-9111

**Authorization for Anesthesia, Treatment, and Surgery**

**Owner Name:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

**Procedure**(Please initial): Female Spay \_\_\_\_\_ Male Neuter \_\_\_\_\_

Dental Prophylaxis and extractions if needed \_\_\_\_\_ Tumor Removal \_\_\_\_\_

Vaccines: Rabies \_\_\_\_\_ Canine DAPP \_\_\_\_\_ Bordetella \_\_\_\_\_ Feline FVRCP \_\_\_\_\_ Leukemia \_\_\_\_\_

Nail Trim \_\_\_\_\_ Anal Gland Expression \_\_\_\_\_ Ear Cleaning \_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

I, the undersigned owner or agent of the owner of the pet identified above, authorize the licensed veterinarian(s) at ASPEN VETERINARY CLINIC to perform the above procedure(s) and anesthesia. I understand I am responsible to pay at time of discharge for all services for my pet. I understand if I have any inquiries about the cost of above procedures an estimate will be provided. I, also, understand that an estimate is subject to change based on the needs of my pets medical condition, health, and medical requirements to adapt for the pet’s safety to those needs. I understand that on very rare occasions the anesthesia and/or surgery may result in health incapacities and/or death, and that I am encouraged to discuss any concerns with the attending staff or veterinarian. Should unexpected anesthetic needs or life-saving emergency care be required, the hospital staff has my permission to provide such treatment and I agree to pay for such services. I understand there is not 24 hour staffing of the clinic, and patients/boarders are left unattended overnight with nightly checks assigned by the doctor based on the need of patients.

I have read and fully understand the terms and conditions set forth above.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_