

Twin Forks Clinic, INC.
Surgical Authorization Form

Dr. Michael Downey

Dr Justin Gdanitz

Dr. Rodney Auffet

Name of Animal _____ Breed _____
Color _____ Age _____
Species _____ Sex _____
Emergency Contact Number _____

Procedure

- | | |
|---|---|
| <input type="checkbox"/> Canine Ovariohysterectomy (spay) | <input type="checkbox"/> Canine Castration (neuter) |
| <input type="checkbox"/> Feline Ovariohysterectomy (spay) | <input type="checkbox"/> Feline Castration (neuter) |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Feline Declaw |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Anesthesia |

Vaccinations

- Rabies
- Distemper Combo
- Bordetella
- Feline Leukemia
- Feline FIV

Test

- Heartworm/Tick Profile
- Felv/FIV Test
- Chem Level 1
- Chem Level 4

Oravet Application

Oravet application is done at the clinic for the first application and then kept up at home once a week. Oravet helps protect the patient's teeth. It also helps prevent tartar and plaque build up. Oravet can be applied after a dental or during alteration of the patient before tartar and plaque starts in young dog and cat. The cost for this is \$25.00 for the application and \$20.40 for the take home kit.

- Yes...I want my pet to receive Oravet.
- No... I do not want my pet to receive Oravet.

Total Estimated Health Care Plan \$ _____

Twin Forks Clinic, INC.

P.O. Box 363
Wray, CO 80758
Phone: (970) 332-3116
Fax: (970) 332-3117

P.O. Box 449
Benkelman, NE 69021
Phone: (308) 423-5712
Fax: (308) 423-2895

Dr. Michael Downey Dr. Rodney Auffet Dr. Justin Gdanitz

HOSPITALIZATION AND SURICAL RELEASE FORM

We at Twin Forks Clinic understand your concerns regarding surgery for you pet. We are dedicated to provide a safe and caring environment for your pet's health care. Please take a moment to review the following information.

I certify that I own the above-described animal and I do hereby consent and authorize the Twin Forks Clinic, Inc., and its staff to hospitalize my animal, and to administer vaccinations, medications, tests, surgical procedures, anesthesia, or treatments that the Doctors deem necessary for the health, safety, or well-being of your pet while it is under their care and supervision.

The nature and purpose of the procedures/operations, possible alternative methods of treatment the risks involved, and the possibility of complications has been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

If my animal should injure itself in as escape attempt, refuse food, soil itself, become ill or die while in the hospital, I will hold the Twin Forks Clinic, Inc., and the staff free of any responsibility and/or liability in the absence of gross negligence.

I further realize that I am responsible for payment of the procedures and treatments in full at the time the animal is discharged. If I neglect to pick up the animal within five (5) days of written notice you may assume the animal is abandoned. You are authorized to dispose of it as you see fit. Abandonment does not release me of my obligation for the bill.

I further agree that in the case of non-payment, a finance charge of 1 ½ % per month (18% minimum) will be charged and that any collection fee or attorney fees will be paid by me.

Owner Signature _____ Date _____