

Oak Forest Veterinary Clinic, 2120 West 34th Street, Houston, Texas 77018

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<http://www.oakforestvetclinic.com>

Hallie Ray Moore, DVM Jessica Killingsworth Parkerson, DVM Dayna Baxter, DVM

Owner: _____ Patient: _____
Street: _____ Breed: _____
City: _____ Sex: _____
Zip: _____ Age: _____
Phone: _____ Color: _____

Markings: _____

I, _____, do hereby certify that, at I am the owner (or duly authorized agent for the owner) of the animal described above, and I do hereby give Hallie Ray Moore, DVM, her agents, servants and/or representatives **full and complete authority to perform the surgical procedure described as:**

and to perform any other procedure that, at her discretion. May be useful to promote the health of the above described pet, and I do hereby and by the presents forever release the said Doctor, her agents, or representatives from any and all liability arising from said surgery on said animal.

- If my pet is under 8 years old, I choose for **pre-operative blood** work to be performed on patient for an additional cost of \$80.00 (pets 8 years and over are required to have preoperative blood work).

YES or NO

- I would like any mass removed to have a **histopathology** performed on it for \$189.00.

YES or NO

- I would like any remaining **baby teeth** to be extracted, if possible, during surgery.

YES or NO

- I would like my pet **microchipped** during surgery for \$60.00

YES or NO

Signed _____ Date _____

Printed Name _____ Contact Number _____

