



Avian and Exotic Pet Clinic of Roanoke
 3959 Electric Road, Suite 155
 Roanoke, VA 24018
 (540) 989-4464

AUTHORIZATION FOR ANESTHESIA MEDICAL AND/OR SURGICAL TREATMENT AND HOSPITALIZATION

By signing this authorization, I authorize and direct the Veterinarians at Avian and Exotic Pet Clinic of Roanoke to perform such diagnostic and treatment procedures as deemed advisable or necessary for my pet, _____. As signer, I agree to take complete financial responsibility and hold harmless Avian and Exotic Pet Clinic of Roanoke and its staff in the event procedures were fraudulently or improperly authorized.

The reasons and complete descriptions of the procedure(s) have been explained to the signer and no guarantee has been made as to the results or cure. By signing I state that I understand that there may be risk to such procedures and that every effort will be made to insure a successful outcome including safety in hospital care and handling.

The signer agrees to pay in full for services rendered, including all services deemed necessary for medical or surgical complications and/or other unforeseen circumstances. Any estimate of charges or fees for the present procedure or surgery is only a best approximation of cost and the final bill may be less or more than the estimated amount. The signer agrees that a deposit for estimated and/or medical boarding may be requested at time of admittance. The signer agrees to pay for the cost of a collection agency in the event that collection efforts are necessary.

The signer understands and agrees that there may be additional charges for After-Hour Care Services, if such a need arises.

By signing I have read the above conditions of this facility and acknowledge a copy of this form if requested.

ALL SERVICES MUST BE PAID BEFORE THE PATIENT CAN BE RELEASED FROM THE CLINIC.

Signature of pet Owner or Responsible Agent (over 18 years)	Print Name	Date
Phone #'s: (Home) _____ (Work) _____ (Cell) _____		

DENTAL AUTHORIZATION FORM

Thank you for entrusting Avian and Exotic Pet Clinic of Roanoke with your pet's dental care needs. The routine dental prophylaxis procedure involves not only the cleaning and polishing of all teeth, but also the evaluation of the teeth, gums and oral cavity for continued health. If any teeth are determined by my Veterinarian to be diseased beyond hope of salvation, we recommend that they be extracted during the Dental Procedure at an additional cost. The cost for possibly needed teeth extractions are as follows:

- A non-complicated tooth extraction – \$25.00/tooth
- A complicated tooth extraction - \$50.00/tooth

Note: We will not remove any teeth that can be restored to health.

My Veterinarian has permission to extract any needed teeth? **Yes** _____ **NO** _____ (Please check one)

_____ If the cost of extraction(s) goes above \$ _____, do **NOT** proceed before contacting me, the owner/signer.

_____ My Veterinarian has permission to do what is necessary for my pet's dental health.

Signature of Pet Owner or Responsible Agent (over 18 years of age)	Date
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