



BIRD & PET CLINIC OF ROSEVILLE

3985 Foothills Blvd., Roseville, Ca. 95747
(916) 773-6049



Authorization for Tranquilization of DOGS and CATS

for Non-Anesthetic Dental Procedures

Owner's Name _____ Date _____

Pet's Name _____ Male / Female Age _____

Species _____ Breed _____ Color _____

I hereby authorize Dr. Joseph, Dr. Forney, Dr. Popke, Dr. Stewart, Dr. Cabrera, or Dr. Thompson to perform sedation or anesthesia on my pet for medical or surgical treatment. The nature of the procedure has been explained to me and no guarantee has been made as to results or cure. Every precaution is taken to ensure your pet's safety during any procedure or surgery including anesthetic monitoring and supportive care. However, there are risks involved in sedation or anesthetic. Please consult with your doctor for any concerns you may have.

I agree to pay in full for services rendered including those deemed necessary for medical or surgical complications or unforeseen circumstances.

Signature _____ Date _____

Phone _____

**** Please leave a number where you will be readily available to receive a call from the Doctor! ****

