

## SURGICAL AUTHORIZATION

I hereby authorize the Waterhouse Animal Hospital to perform a procedure on my pet and any additional diagnostic and/or treatment procedures as deemed necessary. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedures. I agree to pay, in full, for services rendered, including those deemed necessary for medical, surgical complications, or unforeseen circumstances. If your pet requires hospitalization overnight there will not be constant supervision between 7:00 p.m. and 7:30 a.m. Monday through Thursday, 8:30 p.m. Friday through 7:30 a.m. Saturday, and 4:30 p.m. through 9:00 a.m Saturday and Sunday.

## PRE-ANESTHESIA EVALUATION

For the protection of your pet, we highly recommend a pre-anesthesia blood profile be performed. This will insure that your pet is in a low risk category during anesthesia by ruling out pre-existing internal problems that **MAY NOT BE EVIDENT PHYSICALLY**, but could lead to complications.

The fee for this blood work is 3		
I approve pre-anesthes	ia blood work on my pet.	
	a blood work on my pet fully	understanding that
	isk during anesthesia withou	5
	of my pet's medical health.	· • • • • • • • • • • • • • • • • • • •
	POLISH AND FLUORID	Е ТЕЕТН
We can polish and fluoride the teeth of animals less than one year of age if there is not much		
accumulation of tartar and calc	ulus present. This will help	the teeth and gums remain healthier and
delay when they will need to h	ave their teeth cleaned.	-
The fee for this service is \$ 29.	90	
I approve polish and flu	oride application.	
I decline polish and fluo	* *	
	MICROCHIP IMPLAN	ΓΑΤΙΟΝ
I approve implantation	of a microchip to permanentl	y identify my pet. The cost is
11	nicrochip, registration, and f	
	f a microchip for my pet.	F.
	1 71	
Signature	Date	Phone number
Work phone number	Cell phone number	