



SURGICAL AUTHORIZATION

CLIENT ID: _____ PATIENT: _____ CLIENT: _____

PROCEDURE(S) ADMITTED FOR: _____

CURRENT MEDICATIONS: _____ LAST GIVEN: _____

LAST MEAL GIVEN: _____ WATER IS OK

DAYTIME PHONE NUMBER: Mr. Mrs. Ms. / WORK HOME CELL _____

PRE-ANESTHETIC LAB TESTING (\$84.00) Aids in selecting the safest anesthetic and sedative drugs. Strongly recommended for all pets and required for pets greater than 6 years of age. YES NO

HIP X-RAYS (\$97.00) Evaluation for hip dysplasia YES NO
Strongly recommended for all large breed dogs.

HOME AGAIN Microchip Identification System (\$64.95) YES NO

HISTOPATHOLOGY -1st BIOPSY(\$169.00) : Additional BIOPSY(\$84.00) YES NO

ADDITIONAL SERVICES AVAILABLE: Nail Trim (50% off) Exam Fecal Ear Cleaning Heartworm Test
Anal Gland Cleaning

SPECIFY: _____

TOYS

COLLAR/LEASH

CARRIER

BEDDING

DESCRIPTIONS: _____

I understand that any medical or surgical procedure may be attended by unforeseen risk.

In the event of illness or injury, I authorize the **Gaithersburg Animal Hospital** to administer treatments and medications as necessary for the health, safety, comfort and well-being of the above described animal. We do not provide overnight supervision of hospitalized patients. We gladly provide written estimates of anticipated costs upon request. Payment in full is required at discharge. VISA, MasterCard, and Discover cards; in addition to personal checks with proper identification (MD driver's license or picture ID) are accepted.

SIGNATURE: _____ DATE: _____

RECEPTIONIST: _____ NURSE: _____ DOCTOR: _____