



CLIENT ID: _____

PATIENT: _____

CLIENT: _____

DENTAL AUTHORIZATION

CURRENT MEDICATIONS: _____ LAST GIVEN _____

LAST MEAL GIVEN: _____ WATER IS OK

DAYTIME PHONE NUMBER: *Mr. Mrs. Co-OWNER* WORK HOME CELL: _____

PRE-ANESTHETIC LAB TESTING (\$100.03) This aids in selecting the safest anesthetic and sedative drugs. Strongly recommended for all pets (required for pets > 6 years of age.) YES NO

IF EXTRACTION (S), CAVITY REPAIR OR GINGIVECTOMY ARE NEEDED:

- Please do WHATEVER IS NEEDED.
- CALL FOR PERMISSION to do anything else necessary

Must be available between 9 AM and 4PM, **IF UNAVAILABLE**, NEEDED PROCEDURES WILL BE DONE!

IF ANTIBIOTICS ARE NEEDED, I PREFER: TABLETS OR LIQUIDS

ADDITIONAL SERVICES: EXAM HEARTWORM TEST FECAL TEST VACCINATIONS
NAIL TRIM (50% OFF) ANAL GLAND CLEANING EAR CLEANING OTHER

SPECIFY: _____

DESCRIPTION: TOYS COLLAR LEASH CARRIER BEDDING _____

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 pet.

We will gladly provide an estimate of anticipated costs upon request. Payment in full is required at discharge. AMEX, MasterCard, Visa, Discover, personal checks with a valid ID and cash are all accepted.

SIGNATURE: _____ DATE: _____

RECEPTIONIST: _____ NURSE: _____ DOCTOR: _____