



CLIENT ID: _____

PATIENT: _____

CLIENT: _____

SURGICAL AUTHORIZATION

PROCEDURE: _____

LAST MEAL GIVEN: _____ WATER IS OK

CURRENT MEDICATIONS: _____ LAST GIVEN: _____

PHONE NUMBER: *Mr. Mrs. CO-OWNER /* WORK HOME CELL: _____

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

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

HIP X-RAYS (\$121.47) YES NO
Evaluation for hip dysplasia is strongly recommended for all large breed dogs.

HOME AGAIN (\$81.21) Microchip Identification System YES NO

HISTOPATHOLOGY - 1ST BIOPSY (\$191.69): ADDITIONAL BIOPSY (\$95.28) YES NO

IF ANTIBIOTICS ARE DISPENSED: TABLETS OR LIQUIDS

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

SPECIFY: _____

TOYS COLLAR/LEASH CARRIER BEDDING

DESCRIPTION: _____

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, VISA, Mastercard, Discover, personal checks with proper ID and cash are accepted.

SIGNATURE: _____ DATE: _____

RECEPTIONIST: _____ NURSE: _____ DOCTOR: _____