



WATERHOUSE ANIMAL HOSPITAL, INC.  
OF WOODWARD PARK

## 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 or surgical complications or unforeseen circumstances. If your pet requires hospitalization over night there will not be constant supervision between 7:00 pm and 7:30 am Monday through Thursday, 7:30 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 \$\_\_\_\_\_

- I approve pre-anesthesia blood work on my pet.  
 I decline pre-anesthesia blood work on my pet fully understanding that there is an increased risk during anesthesia without the Veterinarian having full knowledge of my pet's medical health.

### POLISH AND FLUORIDE TEETH

We can polish and fluoride the teeth of animals less than one year of age if there is not much accumulation of tartar and calculus present. This will help the teeth and gums remain healthier and delay when they will need to have their teeth cleaned.

- I approve polish and fluoride application.  
 I decline polish and fluoride application.

### MICROCHIP IMPLANTATION

- I approve implantation of a microchip to permanently identify my pet. Fee includes microchip, registration, and first year membership.  
 I decline implantation of a microchip for my pet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Cell Phone

revised 5/14/17