

Healthy Pets Make Happy Hearts

Hospitalization/Surgery/Anesthesia Authorization

OWNER 'S NAME _____

DATE _____

PET 'S NAME _____

PROCEDURE TO BE PERFORMED

Your pet's safety and comfort are our number one concern here at Miracle Hills Animal Hospital. Before your pet has surgery it will be examined, and a diagnostic blood and urine profile will be performed as outlined in the enclosed handout to determine any problems that could interfere with anesthesia. Your pet will also be monitored before, during and after surgery to help ensure that your pet has a safe recovery.

Please let us know if you have questions about this testing.

Microchip Identification: Prepare for disaster. Very few lost pets find their way home without permanent identification. We can implant a MICROCHIP while your pet is sedated.

YES **NO**

I am the owner (or agent of the owner) of the animal described above. I hereby authorize Miracle Hills Animal Hospital to perform such diagnostic, therapeutic, and surgical procedures as necessary and advisable for the treatment and maintenance of my pet's health and well being. While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I am responsible for the charges that will be incurred in the treatment of this animal.

I also authorize the hospital director and his staff to provide veterinary services as requested or, in emergency circumstances, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further advised.

SIGNATURE OF OWNER/RESPONSIBLE AGENT:

PHONE NUMBER WHERE YOU MAY BE REACHED:

Estimate for today's services: _____