

**GREATER ANNAPOLIS VETERINARY HOSPITAL**  
**Authorization For Veterinary Care, Bathing, and/or Surgical Procedure**

**Date:** \_\_\_\_\_

Your (owner) name: \_\_\_\_\_ Pet's name: \_\_\_\_\_

Phone numbers the doctor can reach you today, including the area code (please list two):

1) \_\_\_\_\_ Circle one: Home Cell Work Other Name: \_\_\_\_\_

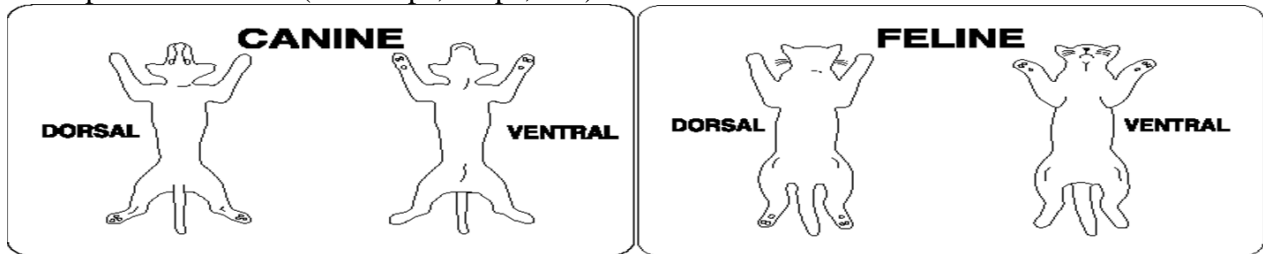
2) \_\_\_\_\_ Circle one: Home Cell Work Other Name: \_\_\_\_\_

Immediate access via email at: \_\_\_\_\_

Any time that you will be unreachable during the day: \_\_\_\_\_

**Procedure/Problem:** \_\_\_\_\_

Where is the problem located (i.e. lumps, limps, etc.)? Please indicate below:



**DID YOUR PET EAT TODAY?** Please circle: Yes No

**Dental patients, extractions:** Please initial ONE of these options:

\_\_\_\_\_ I authorize my pet to have dental cleaning, extractions and minor oral surgery as needed.

\_\_\_\_\_ Please call me first but proceed with extractions or minor procedures IF I AM NOT AVAILABLE

**ANESTHESIA PATIENTS: BLOOD TESTING IS REQUIRED AND IF NOT DONE PRIOR TO SURGERY, TESTING WILL BE DONE TODAY.**

I, the undersigned, hereby certify that I am the owner or duly authorized agent for the owner of the above mentioned animal. I hereby give **Greater Annapolis Veterinary Hospital** full and complete authority to perform the medical, surgical, and/or anesthetic procedure(s) indicated as well as administering pain medications as needed. I understand there is always a slight risk involved in sedatives or anesthetics.

Printed name of owner/agent: \_\_\_\_\_

Signature of owner/agent: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Fleas on entry? Yes No Ticks? Yes No

Pre-anesthetic blood testing done recently: \_\_\_\_\_, 2010

Vaccines/Tests UTD? Yes No Client wants updated? Yes No

If yes, what tests/vaccines? \_\_\_\_\_

If no, reason: \_\_\_\_\_

Signature of Doctor/Staff member: \_\_\_\_\_ **WHT:** \_\_\_\_\_