

KITSAP VETERINARY HOSPITAL

AUTHORIZATION TO PERFORM SURGERY AND OR MEDICAL TREATMENT

I hereby authorize Kitsap Veterinary Hospital, Dr. Christman/ /Buck/Adams, and whomever he/she may designate as assistants to perform upon _____ the following procedures _____ and if any unforeseen condition arises calling in his/her judgment of procedures in addition to or different from those now contemplated, I further request and authorize him/her to do whatever he/she deems advisable.

I am aware of the risk involved, and the possibility of complications. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I consent to administration of anesthesia by or under the directions of Dr. Christman//Buck/Adams and to use the anesthetics, as he/she deems appropriate.

SIGN: _____
(Owner of Animal or Authorized Agent)

DATE: _____

WITNESS: _____

Has an estimate been given to you regarding this procedure?

Yes or No

Telephone numbers that you can be reached at throughout the day.

A.M. _____

P.M. _____

Additional Services

- YES! Please identify my pet with a HomeAgain microchip today! (\$46.75)
- Thank you, but my pet already has a microchip ID
- No, I do not want a microchip to identify my pet.

- Toe Nail Trim (no charge)

****** All animals admitted must be current on their vaccinations and free of external parasites. Any animal found to have fleas will be treated with Advantage Flea Treatment at the owner's expense. (Cat \$14.00, Dog \$17.00)**