Waltz Animal Clinic



(812) 273-6668

Authorization for Anesthesia and/or Surgery

Client's Name	Pet's Name
Anesthetic and surgical procedure(s) to be performed:	
not (check one) eighteen years Clinic to perform the above procedure surgery and that I am encouraged to di veterinarian before the procedure(s) is	he owner of the pet identified above, certify that I am I am of age or over and authorize the veterinarian(s) at Waltz Animal (s). I understand that some risks always exist with anesthesia and/or iscuss any concerns I have about those risks with the attending /are initiated. My signature on this form indicates that any questions have been answered to my satisfaction:
 Sufficient details of the proced How fully my pet will recover The most common and serious 	s complications -up care and home restraint required I services
I understand that no guarantee or warrange to pay a deposit of % of remaining fees, and provide payment with the hospital. Should unexpected life-sa	be performed to the best of the abilities of the staff at this hospital, anty has been made regarding the results that may be achieved. If the estimated fees, assume financial responsibility for the via cash, credit card, or check at the time my pet is discharged from aving emergency care be required and the hospital staff is unable to thave (check one) my permission to provide such treatment
I have read and fully understand the te	rms and conditions set forth above.
Signature of Owner or Agent	Date
Signature of Parent or Legal Guardian (if owner/agent less than 18 years of ag	
Phone number(s) at which owner or ag	gent can be reached today and/or tomorrow