

Surgical Check-In & Anesthesia/Sedation Approval

Pet's Name _____

Client Name _____ Contact Phone Number _____

Emergency Contact _____ Contact Phone Number _____

Requested Procedure (Please Indicate)

Growth Removal _____ Dentistry _____ Spay _____ Neuter _____

Radiographs _____ Grooming Sedation _____

Other Surgical Procedure _____

Additional Services Requested _____

Has lab work been completed within the last three months? (Please Indicate)

YES

NO

I hereby authorize that the above requested procedure may be performed as necessary by the doctors and staff at Fox Hill Veterinary Clinic. I, the undersigned do hereby certify that I am the owner or authorized agent of this animal and understand that payment is due at the time of this animal's discharge from the Fox Hill Veterinary Clinic facility.

Client or Agent Signature _____ Date _____