



Norwalk Animal Hospital  
330 Main Avenue | Norwalk, CT 06851  
Ph (203) 847-7757 Fax (203) 846-8146

Owner Name \_\_\_\_\_ Pet Name \_\_\_\_\_ Procedure \_\_\_\_\_

Today's Phone \_\_\_\_\_, \_\_\_\_\_

I am the owner, or the designated representative of the owner, of the above named pet. I authorize Norwalk Animal Hospital to administer anesthetics and / or tranquilizers and perform the above listed procedure(s), including appropriate medications, to my pet. I understand there are potential risks when using anesthetics and / or performing surgery and that no result can be guaranteed. If I can not be reached at the number(s) listed above, I authorize the veterinarian to do what, in his judgment, is in the best interest of my pet. I understand that there is not an attendant on duty after business hours.

\_\_\_\_\_  
Initial

**YES / NO (CIRCLE ONE) Upgrade my pet's Pre-Anesthetic work-up to the Advanced Pre-Anesthetic package (includes complete blood count and expanded blood chemistry). This upgrade is especially recommended for our senior patients.**

**YES / NO (CIRCLE ONE) Add the electrocardiogram to my pet's Pre-Anesthetic work-up**

**YES / NO (CIRCLE ONE) Microchip my pet to aid in pet identification**

I agree to pay all fees in full for services performed at Norwalk Animal Hospital at the time they are rendered.

Signature of Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_