



PROCEDURAL AUTHORIZATION

I authorize the doctors (and ancillary staff required) of **Pennington Animal Hospital, P.C.** to perform surgical, dental, or diagnostic procedures on my pet which may include general anesthesia. The nature of the procedure(s) has been explained to me and no guarantee or warranty has been made as to the results or cure. I understand that there may be risk involved in these procedures. I further understand and accept additional charges that may be incurred if circumstances arise with my pet: ie. (animal in heat or pregnant at time of ovariohysterectomy).

I authorize the following procedure(s) to be performed on my pet:

Ovariohysterectomy or Castration (Spay or Neuter); Dental Prophylaxis;

Feline Front Declawing (Onychyectomy); Other _____

.....

Signed _____
Owner / Agent

Phone Number (Best Daytime)

Date _____