



The Best Care For Your Best Friend

Geneva Lakes Animal Hospital
W5820 Hwy B
Walworth, WI 53184
262/275-3303



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To: _____

Your pet, _____

Is scheduled for a surgical procedure on _____.

Enclosed is an authorization form that goes over the various options you have for your pet's procedure. **Please read and fill out the form (both sides) and bring it along with you on the day of the surgery.** If you have any questions, you can call or we can go over them at the time of check-in.

As a reminder, please **DO NOT FEED your pet after 9 pm** on the night prior to surgery (water is okay).

Please be sure to drop off your pet at the clinic between 8:30-9:00 am on the day of surgery.

Thank you! We'll see you soon.