

CANINE TREATMENT AUTHORIZATION

The information requested tells us the things that you want us to do for your dog. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible. If we need additional information, we can reach you at the number you give us today. Thank you.

May we sedate or anesthetize your dog if need be for a procedure? Yes No

Current symptoms:

____ Vomiting? How long?____ Coughing? How long?____
____ Diarrhea? How long?____ Gagging? How long?____
____ Listless? How long?____ Scratching? How long?____
____ No Appetite? How long?____ Limping? How long?____
____ Other? _____

Circle the things that we should do for your pet today.

____ X-Rays ____ Urine Analysis ____ Ears Cleaned ____ Toenail Trim
____ Stool Check ____ Heartworm Test ____ Bloodwork ____ EKG
____ Rabies Vacc ____ DHLPPC Vacc ____ Bordetella Vacc ____ Datamars I.D. Chip

Please add anything else we need to know or do. _____

FLEA PREVENTION WILL BE GIVEN IF NEEDED, TO PREVENT HOSPITAL INFESTATION.

I am the owner (or agent of the owner) of the animal described above. I authorize and request you to hospitalize this animal for purposes of diagnosis, treatment, surgery, or other procedures, as specified by this release, and approve the use of whatever anesthetics you deem advisable for the well-being of the animal. I understand that you will use reasonable precautions to assure the animal's safety while it is in your care, but will not hold you responsible if it should injure itself, escape, fail to eat, become ill, or die. I absolve you of all liability arising from the performance of procedures requested herein.

Signature_____ Date_____

Phone Number where you can be reached today._____