

FELINE TREATMENT AUTHORIZATION

The information requested tells us the things that you want us to do for your pet. 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 animal 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 ____ Feline Leukemia/Fiv/hw test ____ Bloodwork
____ Clean ears ____ Feline DRCP Vacc ____ Leukemia Vacc ____ Rabies Vacc
____ Stool Check ____ Toenail Trim ____ Shave Matts ____ Datamars ID Chip

FLEA PREVENTION WILL BE APPLIED IF NECESSARY TO PREVENT HOSPITAL INFESTATION. THANK YOU.

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.

Your signature _____ Date _____

Phone Number where you can be reached TODAY _____