

Company Logo
Here

Company name, address, phone, etc.

Authorization for Treatment

Please print out this form and bring it to the veterinary clinic at the time of your appointment.

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

OWNER: _____ DATE: _____

ADDRESS: _____
Street City Zip

PET'S NAME: _____

Your phone number for today: _____

PROCEDURE TO BE PERFORMED TODAY: _____

_____ Cash _____ Check _____ Visa/Master Card

Are vaccinations and laboratory tests current today? YES NO
(Within the last year) YES NO

DOGS			CATS		
YES	NO	UPDATE TODAY	YES	NO	UPDATE TODAY
<input type="checkbox"/>	<input type="checkbox"/>	Rabies	<input type="checkbox"/>	<input type="checkbox"/>	Rabies
<input type="checkbox"/>	<input type="checkbox"/>	DHLP/Parvo	<input type="checkbox"/>	<input type="checkbox"/>	FVRCP
<input type="checkbox"/>	<input type="checkbox"/>	Bordetella	<input type="checkbox"/>	<input type="checkbox"/>	Feline Leukemia
<input type="checkbox"/>	<input type="checkbox"/>	Heartworm Test	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal Parasites
<input type="checkbox"/>	<input type="checkbox"/>	Intestinal Parasites			

YES NO
 Did your pet eat this morning?
 Is your pet allergic to any drugs?
 Has your pet had any illness or injury in the past 30 days?
 Does your pet have any history of seizures and/or previous anesthetic problems?
 Current medications _____

*PRE-SURGICAL BLOOD SCREEN CONSENT/WAIVER

Like you, our greatest concern is the well-being of your pet. A physical examination will be performed before anesthetizing your pet. However, many conditions, including disorders of the kidneys, liver, heart & blood cannot be detected without blood lab screening. For this reason, we highly recommend pre-operative screening before sedating your pet. Please initial the appropriate options below: (pre-surgical blood screen required on all pets seven years of age or older).

I DO I DO NOT authorize the recommended pre-surgical blood screen at a cost of \$ _____. I understand and assume all responsibility for additional risks/complications resulting from refusal to approve this blood screening for my pet's safety.

