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:	
PROCEDURE TO BE PERFORMED TODAY:	
- 1100250112 10 52 1 2111 01111125 1051111 <u> </u>	
CashChe	ckVisa/Master Card
Are vaccinations and laboratory tests current today? (Within the last year)	☐ YES ☐ NO
DOGS	CATS
YES NO UPDATE TODAY Rabies DHLP/Parvo Bordetella Heartworm Test Intestinal Parasites	YES NO UPDATE TODAY Rabies FVRCP Feline Leukemia 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 per anesthetizing your pet. However, many conditions, included cannot be detected without blood lab screening. For this before sedating your pet. Please initial the appropriate oppets seven years of age or older).	et. A physical examination will be performed before ling disorders of the kidneys, liver, heart & blood reason, we highly recommend pre-operative screening
☐ I DO ☐ I DO NOT authorize the recommended pre-su and assume all responsibility for additional risks/complicate screening for my pet's safety.	

ELECTIVE PROCEDURE TO BE DONE AT THE SAME TIME: (Please check applicable boxes)
☐ Dismissal Pain Medication
☐ Dental procedures: ☐ Extract Teeth as Necessary
☐ Scale/Clean Teeth/Fluoride Application
☐ Heska Periodontal Treatment
☐ Microchip Identification
☐ Removal of wart or skin growth
☐ Routine Toe Nail Trim
☐ Ear Flushing
Other
OWNER RELEASE You are to use all reasonable precaution against injury, escape, or death of my pet. I understand all sedation/ anesthesia involves some minimal risk to my pet, but you will not be held liable in any manner whatsoever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks. I have read the foregoing and agree:
Date
Signature of Owner/Agent