

# TREATMENT AUTHORIZATION & RELEASE

1. Client Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

3. Procedures/Treatments to be performed:

_____ Physical Examination	_____ Flea Bath & Dip
_____ Regularly Scheduled Vaccinations	_____ Toenail Trim
_____ Heartworm Test	_____ Fecal Examination
_____ Feline Leukemia/ FIV Test	

Other: \_\_\_\_\_

\_\_\_\_\_

If your pet is ill please give a brief description and duration of the problem \_\_\_\_\_

\_\_\_\_\_

4. Has your pet eaten this morning? Yes (when?) \_\_\_\_\_ No \_\_\_\_\_

5. Is your pet due for any vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_

We **require** that your pet be vaccinated for Rabies for **any** stay in the hospital and any animals **not** current will be vaccinated at the owners expense unless it is medically contraindicated. This is State Law. We require that your pet be current on **all vaccinations** for any over night stay.

6. Is your pet on heartworm preventative? \_\_\_\_\_

Is your pet on any other medications? (Please specify what and at what time it was last given)

\_\_\_\_\_

7. What is your pet's diet? \_\_\_\_\_

8. All pets admitted with fleas or ticks **will be treated** at the owner's expense.

9. What time do you plan to pick-up your pet? \_\_\_\_\_

10. I am aware that all reasonable care will be taken by the Veterinarians and the staff of Carrollton Animal Hospital for the safe care and return of the above pet, and they are hereby released from liability for any unforeseen complications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Owner of Authorized Agent)

11. What is an Emergency number for you today? \_\_\_\_\_