

TREATMENT AUTHORIZATION

PICK UP BETWEEN 3-6 P.M.

DATE: _____ CLIENT I.D. # _____

NAME: _____ PET'S NAME _____

REASON FOR VISIT IN DETAIL PLEASE: _____

ADDITIONAL SERVICES AND PRODUCTS

FOOD _____ NAIL TRIM _____

HEARTWORM PREVENTION _____ BATH _____

FLEA/TICK PREVENTION _____ GROOM _____

MEDICATION REFILL _____ CLEAN EARS _____

EXPRESS ANAL GLANDS _____

I hereby consent and authorize you, Aalataash Animal Hospital, to receive, prescribe for, treat, or operate upon. You are to use all reasonable precautions against injury, escape, or destruction of the animal(s), but you will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of the animal(s) above described, or otherwise in connection therewith, as it is thoroughly understood that I assume all risk. Written notice will be mailed to me to remove the animal(s). Five days after such written notice the animal(s) will be considered abandoned and may be disposed of, or destroyed, as Aalataash Animal Hospital deems best, and it is understood that I will not be relieved of any obligation to pay for services, boarding or medications incurred.

{ } PLEASE CALL ME IF TREATMENT EXCEEDS \$200.00

{ } PLEASE DO NOT EXCEED THE AMOUNT OF \$ _____

{ } PLEASE PERFORM WHATEVER IS NECESSARY

I HAVE READ THE FOREGOING AND AGREE.

SIGNATURE _____ DATE _____

HOME # _____ CELL # _____

WORK # _____ E-MAIL _____