

Medical Treatment Authorization Form

Client Name _____

Patient Name _____

Date when symptoms started?

Is your pet:

_____ Eating Normally

_____ Not Eating

_____ Eating

Ravenously

_____ Breathing Difficulties

_____ Gagging

_____ Coughing

_____ Diarrhea

_____ Diarrhea/blood

_____ BM Straining

_____ Lethargic

_____ Seizures

_____ Vomiting

_____ Straining to urinate

_____ Urinating Blood

_____ Scooting

_____ Shaking Head

_____ Weight Loss

_____ Weight Gain

_____ Limping-which leg? ___ Right Front ___ Left Front ___ Right Rear ___ Left

Rear

Please give us any information about your pet that might assist us:

Is your pet on heartworm preventative? ___ Yes ___ No

Is your pet currently taking medication? ___ Yes ___ No

If so, what type _____, how much _____, and when was the last dose given _____.

To insure the protection of all pets under Holcomb Bridge Animal Hospital's care, the following immunizations must be up to date:

When and where did your pet have their last vaccines?

CANINE: Rabies ___ DHPPC ___ Bordetella ___ H3N8

FELINE: Rabies ___ FVRCP ___ FELV/FIV Test

I do ___, do not ___ give permission for my pet to receive sedation if deemed necessary.

I do ___, do not ___ give permission for my pet to be radiographed if deemed necessary.

I do ___, do not ___ give permission for my pet to have lab work if deemed necessary.

Phone number where you can be reached:

_____ Home _____ Work _____ Cell

If we cannot reach you, do you want us to proceed with treatment? _____ Yes
_____ No

I agree that I am the owner of this pet and allow the doctor(s) at Holcomb Bridge Animal Hospital treat my pet. Furthermore, I agree to pay for all charges that are incurred and I understand full payment is required at discharge.

Owner's/Agent Signature _____

Date _____