

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 _____