

AUTHORIZATION FOR PROFESSIONAL SERVICES

Owner _____

Client ID _____

Pet's Name _____

Patient ID _____

Phone number where owner can be reached: _____

OWNER MUST PROVIDE PROOF OF CURRENT VACCINATIONS FOR ALL PETS ADMITTED FOR TREATMENT. IF NO SUCH RECORDS ARE AVAILABLE, THE PET WILL BE VACCINATED AT THE OWNER'S EXPENSE.

Canine: DHPPLC, Rabies, Bordetella (KC)

Feline: RCP, Rabies

I hereby authorize Dr. Holscher and/or Dr. Lowdermilk to perform such diagnostic, therapeutic, and surgical procedures as are, in their opinion, necessary and advisable for treatment and maintenance of my pet's health and well being. The nature of such services has been described to me to my satisfaction and, while I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically be made regarding the results or cure.

I also authorize the hospital director and staff to provide veterinary services as required in emergency circumstances and to follow through with such services as are necessary for the well being of my pet until I can be contacted, advised of the situation, and make an informed decision regarding the continued care of my pet.

I understand that upon admission, my pet must be free from all external parasites such as fleas, ticks, or ear mites. I understand that if necessary, my pet will be treated for these parasites for an additional fee.

I understand that I am responsible for all medical fees incurred and that payment is expected when my pet is discharged from the Airport Veterinary Clinic. I also understand that a minimum deposit of the lesser of \$75.00 or 50% of the estimated charges may be required at the time my pet is admitted to the facility. Should I fail to claim my pet, I understand that it may be considered abandoned as provided by the Indiana State Code. I understand that I will receive written notification and that the term "abandonment" constitutes the relinquishment of all rights to my pet. Under such circumstances, my pet will be disposed of at the discretion of the Airport Veterinary Clinic and that such disposal may include adoption or euthanasia. I understand that I remain responsible for all reasonable costs incurred for diagnosis, treatment, hospitalization, surgery, boarding, euthanasia and disposal of my abandoned pet.

Your pet is scheduled for the following procedure(s):

-Has your pet ever had complications with anesthesia? Y N

-Does your pet have a history of seizures? Y N

-Does your pet have a history of breathing problems? Y N

-Can you think of any other pertinent medical information that will be helpful to the veterinarian? Y N

 o If yes, please explain:

In the past few days:

- has your pet had a decrease in appetite or a picky appetite? Y N

- has your pet had an increase in thirst? Y N

- if your pet is housetrained, has he/she urinated or soiled in the house? Y N

- has your pet vomited? Y N

- has your pet had any diarrhea or change in bowel movements? Y N

- has your pet become unwilling to jump, run or climb stairs? Y N

- has your pet been coughing? Y N

- has your pet had any unusual behaviors? Y N

 o If yes, please explain:

- has your pet eaten or drunk anything since last night? Y N