

Oakwood Veterinary Clinic

Dr. Mark W. Bielefeld

AUTHORIZATION FOR PROFESSIONAL SERVICES

Owner Name: _____ Best phone number to reach you today: _____

Pet Name: _____ **PROCEDURE :** _____

Species: _____ Breed: _____ Sex: _____ Age or DOB: _____

Preferred way to be contacted while your pet is with us: Phone Call Text or Email

If email is the best option for you, give email here: _____

If we are unable to reach you, who should we contact? _____

We love showing off our cute furry friends! Would you like your pet to be featured on our Facebook or Instagram social media page? Yes or No

If you would like your pet to receive any additional services while visiting with us today place a check mark on any of the following:

- | | |
|--|--|
| <input type="radio"/> Dental | <input type="radio"/> Ear Flush |
| <input type="radio"/> Pre-Anesthetic Bloodwork | <input type="radio"/> Flea Treatment |
| <input type="radio"/> Feline Leukemia/FIV testing | <input type="radio"/> Deciduous Tooth Extraction |
| <input type="radio"/> Nail Trim | <input type="radio"/> Heartworm Testing |
| <input type="radio"/> Anal Gland Expression | <input type="radio"/> Comb Fur/Mats |
| <input type="radio"/> Urinalysis | <input type="radio"/> Microchip or tattoo |
| <input type="radio"/> Remove warts/skin growths –Location: _____ | |

I understand that each additional service chosen comes at a cost and I assume financial responsibility for all services rendered.

I authorize such diagnostic, therapeutic and surgical procedures as are, in their opinion, necessary and advisable for treatment and maintenance of my pet's health and wellbeing. I understand clinic policy such that all patients admitted for hospitalization are required to be current on vaccinations and give authorization to give vaccinations if patient is due. I also understand that all anesthesia involves some minimal risk to my pet, and will not hold Oakwood Veterinary Clinic liable or responsible in any manner should complications arise. 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 neither guarantee nor warranty can ethically or professionally be made regarding the results or cure.

Thank you for choosing the Oakwood Veterinary Clinic!

Signature: _____

Date: _____