



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, Dr. Lowdermilk and/or Dr. Mellencamp 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):

Why is your pet being examined today?

How long have the symptoms been present?

Is your pet currently on any medications? ☐ Yes: _____ ☐ No
Has your pet had a normal appetite? ☐ Yes ☐ No
Has your pet gotten in to anything abnormal within the past few days (garbage, dead animal, over-the-counter or prescription medications, rat/mouse poison, chocolate, grapes, raisins, onions, garlic, etc.)
☐ Yes: _____ ☐ No
Has your pet had any vomiting? ☐ Yes ☐ No
 How long?
 How frequently?
Has your pet had any diarrhea? ☐ Yes ☐ No
 How long?
 How frequently?
Is your pet listless? ☐ Yes ☐ No
Is your pet drinking more than usual? ☐ Yes ☐ No
Is your pet urinating more than usual? ☐ Yes ☐ No
Has your pet been coughing/sneezing? ☐ Yes ☐ No
 How long?
 How frequently?
Does your pet experiencing itchy skin? ☐ Yes ☐ No
 How long?
Has your pet been limping? ☐ Yes ☐ No
 Which leg?
 How long?
Does your pet have a history of seizures? ☐ Yes ☐ No

Some pets require sedation for an adequate physical examination and/or treatments. May we sedate your pet if necessary?
☐ Yes ☐ No

In order to diagnose your pet's condition, your pet may require blood tests, x-rays, and/or other diagnostic testing. Do you authorize tests if the veterinarian feels it is warranted? Please initial below:

_____ Yes, proceed with any veterinarian recommended diagnostic testing
_____ Yes, proceed with recommended testing up to \$_____
_____ No, please contact me prior to performing any diagnostic testing

I understand the conditions stated in this Authorization Form, and give the veterinarians of Airport Veterinary Clinic permission to treat my pet.

Owner's Signature

Date

Staff Initial