

All Species 24 Hour Animal Hospital
4075 Pleasant Hill Rd
Duluth, GA 30096
678-475-1262

Treatment Authorization / Drop Off Form

Client Name: _____ Pet Name: _____

Date: _____ Client Number: _____ Telephone: _____

Doctor: Dr. Garry Innocent

All vaccinations are required for surgery, grooming, and boarding. If vaccinations have not been given by the Animal Hospital, please list the last place your pet was vaccinated at: _____ If vaccinations are unable to be verified, your pet will receive all required vaccinations.

My pet is here for:

Boarding Pick up date _____ Bath on this date (additional fee) Yes No

Surgery Type _____ Was food withheld today Yes No

Grooming Instructions _____ Pick up Time _____

Annual Visit Prevention Needed Heartworm Flea/Tick Medication Refill _____

Symptom List Problem: _____

Symptoms: Coughing Sneezing Vomiting Diarrhea Lethargic

Not Eating/Drinking Excessive Drinking Abnormal Drinking

Duration: _____

I hereby authorize the veterinarian to examine diagnosis, prescribe for, or treat the above-described pet. I understand the Regular Exam Fee is \$45, Exam for Exotics is \$60, Emergency Exam Fee is \$125, and the Exotic Emergency \$225 Exam Fee. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid when services are rendered. It is necessary for all surgical patients, some treatment patients, and very aggressive patients to receive a sedative for anesthesia. All Species Animal Hospital does have permission to give my pet a sedative or anesthetic.

As with any sedative or anesthesia, there are some risks involved or even deaths. It is recommended, for your pet's safety, that all patients have blood values evaluated prior to any sedative or anesthesia. All Species 24 Hour Animal Hospital does have my permission to run my pet's blood work.

We gladly prepare a written estimate if you desire so (please ask our doctor or receptionist). This will be important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

The Animal Hospital promotes a flea/tick free environment. All admitted animals must be free from fleas & ticks. Upon admission and examination of your pet, if fleas or ticks are observed, we reserve the right to apply flea/tick prevention (Capstar) at the owner's expense.

I authorize the Animal Hospital to obtain my pet's medical history and records. _____ (Initial)

If your pet is dropped off for an annual examination and vaccinations it will have to be picked up within three hours of drop off time or a daycare charge will be added to the bill, unless dog is also to be groomed/bathed.

Owner/Authorized Representative

Please initial your choice:

Signature _____

Permission CPR Do Not Resuscitate

Print Name _____ Emergency Phone Number _____