

ORCHARD VIEW *Veterinary Center*

Authorization for Professional Services

Owner's Name:		Pet's Name:	
Breed:	Color:	Sex:	Age:
Daytime Phone:	Evening Phone:	Phone Where You Can Be Reached Today:	

I hereby authorize Orchard View Veterinary Center 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 wellbeing. 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.

I further understand that all anesthetic procedures involve some level of risk and complications are possible ranging from tooth fractures to death.

I also authorize the hospital director and staff to provide veterinary service as required or in emergency circumstances to follow through with such procedures as are necessary for the wellbeing of my pet on a continuing basis until further advised in writing.

We recommend that any animal should have a pre-anesthetic screen consisting of a complete blood count (CBC), AKLP, ALT, CREA, GLU, TP, BUN evaluated. Animals over seven years of age should have a complete blood count (CBC) AKLP, ALT, CREA, GLU, TP, BUN, and electrolytes evaluated. The receptionist can quote prices for these tests. Sick animals should have a complete blood chemistry with CBC.

I have read the above and agree to this lab work. _____
Initial

I have read the above and elect not to have the lab work performed. _____
Initial

While your pet is under anesthesia, would you like any additional services or tests performed?

I understand that I assume financial responsibility for all services rendered.

Signature _____ Date _____