



TREATMENT

Owner's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

Pet Name _____
 Dog Cat Other _____
 Age _____ Sex: M F N S
 Breed _____ Color _____

Pet Health Insurance Carrier _____
 Phone number where you can be reached today: _____
 Work _____ Cell _____ Other _____

To Better Assist Us In Treating Your Animal, Please Answer The Following Questions. Thank You!

Reason for visit: Routine Yearly/Vaccinations Recheck Medical problem

If routine yearly, please list any health problems you wish addressed or any additional treatments requested:

If recheck, list original problem _____
 any changes since last visit? _____

If medical problem please list symptoms _____

When did problem start? _____ Last meal? _____
 Last bowel movement? _____ Any medications given at home? _____

The receptionist or technician will gladly prepare a written estimate at your request.

I, the undersigned, certify that I am the owner or duly authorized agent for the owner of the pet described above and accept full financial responsibility. *Professional fees are due at the time of patient release.*

I authorize Animal Avian Hospital of the Village (AAHV), its agents and representatives to perform diagnostic, medical treatments, or any other procedures that, at the doctor's discretion, may be useful to promote the health of my pet. I authorize the use of anesthetics as needed. I have been advised as to the nature of the diagnostics, treatments and risks involved. I acknowledge that results cannot be guaranteed.

I am aware all reasonable care will be taken by AAHV for the safe treatment and return of my pet. I release Animal Avian Hospital of the Village, Dan Jordan DVM, AAHV agents and representatives from any and all liability.

All pets hospitalized must be current on all vaccinations. If documentation cannot be provided or verified, I understand the pet will be vaccinated at the owner's expense.

Also, any pet brought into the clinic with internal or external parasites will be treated at the owner's expense.

I have read and understand this authorization and consent.

Signature of Owner or Agent _____ Date _____

Print Name _____

Witness to above Signature _____ Date _____