

Wellborn Road Veterinary Medical Center

DAYSTAY/TREATMENT AUTHORIZATION

Owner: _____

Patient: _____

Please answer the questions below *in detail* so that we may provide you and _____ with the best possible service.

1. Reason for bringing _____ in today:

2. If _____ is experiencing a medical problem, please describe this problem below **in detail**, including *onset, duration, and frequency* of symptoms:

3. Sedation is occasionally necessary for a thorough examination or brief procedure. Please indicate your choice below:

_____ **Yes**, I approve sedation for _____ if the doctor feels it is necessary to perform the service requested.

_____ **No**, I do not want _____ to have sedation.

4. Has _____ eaten in the last eight (8) hours?

Yes () **No** () **I Don't Know** ()

5. Please provide new address and phone number information if different from what is listed here:

<address> <city> <st> <zip> <phone>

I hereby authorize the doctors and staff of Wellborn Road Veterinary Medical Center to provide the above services for _____ and I intend to pay for all charges arising from these services at the time of discharge via:

___ cash, ___ check, ___ credit card, ___ other: _____

ALL PETS LEFT AS DROP OFFS MUST BE CURRENT ON ALL REQUIRED VACCINATIONS AND FREE OF FLEAS AND TICKS. PETS WITH EXTERNAL PARASITES WILL BE TREATED UPON ADMISSION AT THE OWNER'S EXPENSE.

Date

Owner's/Agent's Signature

Phone # where you can be reached today