

## Authorization for Medical Care

Please do the following while my pet is here: **(OWNER MUST INITIAL EACH)**

- Rabies Vaccine (Cat/Dog)
- Distemper Vaccine (Cat/Dog)
- Bordetella (Dog)
- Leptospirosis Vaccine (Dog)
- Lyme Vaccine (Dog)
- Lyme/Lepto4 Vaccine (Dog)
- Leukemia Vaccine (Cat)
- Influenza Vaccine (Dog)
- Heartworm/Tick Test (Dog)
- FeLV/FIV Test (Cat)
- Fecal Test (Cat/Dog)
- Blood work \_\_\_\_\_
- X-Ray(s) \_\_\_\_\_

Other: \_\_\_\_\_

\* \* Be aware a physical exam by the doctor may be required for any of the above.

I understand that if the doctor has a question and I am NOT reachable, the approved vaccination(s) and/or procedure(s) may not be performed until I am reached. *For instance, upon exam, we noted your pet has an ear infection. Do you want us to prescribe medication and start treatment?*

Who do we contact if you are unreachable, name/number \_\_\_\_\_

If there is an emergency, please CIRCLE an amount not to exceed: **\$100 \$300 \$600 \$1200.**

I assume responsibility for all charges incurred in the care of my animal. I also understand that these charges will be paid in full at discharge.

\_\_\_\_\_  
Owner/Authorized Agent (Sign & Print)