

Robinson Veterinary Services
3285 London Line RR 1
Wyoming, ON N0N 1T0
5195429588



Authorization to perform Medical Treatment or Surgery

Client ID :
Client Name : Robinson
Address :
City, State :
Zip Code :
Telephone : () -
 : () - ext:

Patient ID: ?
Name :
Species :
Breed :
Sex :
Color :
Markings :
Birth Date: ?

I am the owner or designated agent of the animal identified above. I am 18 years of age or older and I have the authority to give this authorization of the following:

PROCEDURES:

The procedure(s) identified above have been described to me and explained to my satisfaction, the purpose for performing them and the risks involved with them. I realize there can be no guarantee as to the animal's condition or the outcome of any procedure.

I authorize the performance of the identified procedure(s) and the use of associated anaesthetics and other medications. I also authorize the use of laser therapy on my pet to aid in pain and inflammation control.

I also understand that unforeseen conditions may be revealed during the identified procedure(s) which, in the opinion of the attending veterinarian, may require more extensive or different procedures or treatments. I understand that reasonable efforts will be made to contact me to explain these treatments and obtain my instructions regarding them. However, if the efforts are unsuccessful, I authorize the performance of any procedures or treatments which are necessary in the professional opinion of the attending veterinarian. I know that in the event that I do not pick up my pet the staff will make 5 attempts to contact me. If after two weeks we still have not heard from you the pet will become the property of RVS

Pre-Anesthetic Blood Testing

YES Please complete the recommended testing prior to administering anesthesia to my pet. If abnormalities are found, contact me at the phone number below.

NO No, I decline the recommended test at this time and request you proceed with anesthesia I understand that a medical condition may exist which would be impossible to identify during a physical exam alone.

MICROCHIP PLACEMENT YES NO

I have agreed to pay \$ + HST for the above procedure(s) and clinic fees. I will pay this amount time the animal is discharged. Methods of payment include: CASH, DEBIT, MC, VISA

I have read and understand this authorization. **OR**

I have been given an estimate for the above procedures and agree to the charges outlined in the estimate initials

PHONE:
SIGNATURE DATE: Emerg. #: