

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



Authorization to perform Medical Treatment or Surgery

Client ID :
Client Name :
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 anesthetics and other medications and know that if Dental extractions are required they will be performed during the procedure without notice by phone. I also authorize the use of laser therapy on my pet to aid in pain and inflammation control if needed. 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. #: