

# Authorization for Professional Veterinary Services

Dr. Weldy's Associates

Name of Owner or Agent:

Name of Animal:

Reason for visit:

Illness/Injury: \*X-Rays and diagnostics may be required

Symptoms/Brief History:

**Contact information:** Please give phone numbers where you or someone with authorization to accept treatments can be reached while your pet is in our care today.

Name:  Phone #: ( ) - ext:

Name:  Phone #:

For the safety of all pets; if your pet is found to have fleas, a Capstar pill will be given to kill existing fleas at an additional charge of **\$6.50-7.00**.

**By signing below you have acknowledged that you are the owner or the owner's agent of the above stated animal(s) and have the authority to execute the consent. You also understand and assume financial responsibility for all services rendered for the above treatments. You are aware that payment is full is due on the date of the surgery.**

## OPTIONS:

I approve treatment of my pet today, to not exceed \$ , without prior notification.

I request notification prior to care or treatment of my pet today

**Payment in Full When Service is Rendered-Estimates Available**

**I authorize the Doctor to provide the treatment and care for my pet today.**

Sign here to acknowledge: \_\_\_\_\_ Date: 10/13/2017