



Patient \_\_\_\_\_ Client \_\_\_\_\_ Today's Date:    /    /

I, the undersigned owner or authorized agent of the above-named patient, give consent for the following procedures/treatments/diagnostics to be performed in my absence.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Last time pet ate:** \_\_\_\_\_

I, the undersigned owner or authorized agent of the patient named \_\_\_\_\_, hereby authorize Park Animal Hospital, Dr. \_\_\_\_\_, and his/her assistants, to administer such treatments and to perform such procedures as are considered therapeutically, diagnostically and/or medically necessary for the care of my pet, including the administration of anesthesia if necessary.

**Problems/Concerns:**

\_\_\_\_\_  
 \_\_\_\_\_

**Please check any of the following symptoms that you have noticed about your pet:**

- Behavior Issues     Lethargic     Diarrhea     Shaking Head     Eye discharge
- Limping     Lack of appetite     Vomiting     Scooting
- Loss of balance     Bleeding Gums     Sneezing     Itching/Scratching
- Gagging     Breathing Problems     Coughing     Weakness

**Pet on any medications? If so, please give details and when last given**

\_\_\_\_\_  
 I authorize the staff at Park Animal Hospital to do whatever treatments are necessary in case of an illness or emergency; I also assume all financial responsibility for costs incurred in the event of an emergency or illness.

**Owner Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Contact Number** \_\_\_\_\_