**Morgan County Animal Hospital  
AUTHORIZATION FOR PROFESSIONAL SERVICES**

**Owner Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID** \_\_\_\_\_\_\_\_\_\_\_\_

**Pet Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID** \_\_\_\_\_\_\_\_\_\_\_\_

**Reason for today’s visit** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medications Last Given** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your pet eaten within the last 8 hours?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* After the examination, ***please call me first*, *before*** performing further diagnostic and treatment on my pet

OR

* After the examination, ***I consent and authorize*** Morgan County Animal Hospital, to prescribe, treat, and perform radiological and other diagnostic procedures on my pet.

**If fleas and ticks are seen, the pet will be treated to ensure safety for all hospitalized patients for an additional charge of $10 (initial)** \_\_\_\_\_\_

I understand the doctor will contact me after she has examined my pet to discuss recommended tests, including x-rays and blood work with recommended treatments. I also understand that if I have requested the doctor speak with me before performing further diagnostic treatment that she will be unable to do so until she speaks with me and I authorize the cost of such diagnostic treatment. I authorize the staff of Morgan County Animal Hospital, in an emergency situation, to perform any additional life saving procedures necessary for my pet until further communication with me. I understand that payment in full is due at the time of discharge. I understand that follow-up examinations and additional treatments are not covered in today’s price. Patients entering the hospital must be current on vaccinations unless they are here to receive them today or medically contraindicated.

**Phone number you can be reached at today \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

---------------------------------------------- OFFICE USE ONLY --------------------------------------------------------

Patient admitted by \_\_\_\_\_\_\_ Patient current on vaccines? \_\_\_\_\_\_ Personal items left? \_\_\_\_\_\_\_\_