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

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

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

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

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**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)** \_\_\_\_\_\_

If your pet must be sedated for today’s services, our office recommends performing a blood panel to determine if there are any underlying health issues that may interfere with the sedative. These blood test results are mainly used to determine any issues with the kidneys or liver – any abnormality in these levels could cause issues with the way the body processes the sedative.

**I authorize Morgan County Animal Hospital to sedate my pet if needed \_\_\_\_\_\_\_(initial)**

**I would like to have the pre‐sedative blood screen that is recommended for my pet and understand there will be an additional charge of $121.00 Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_
Senior pre-sedative blood screen $152.00 (7+) Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_