

Authorization for Professional Services

Owner's Name _____

Date _____

Pet's Name _____

Time _____

Phone Number _____

Secondary Contact _____

Reason for today's visit: (Please note and information you would like the doctor to know)

____ After the examination, **please call me first**, before performing further diagnostic tests and treatment on the above described patient.

____ After the examination, **I consent and authorize you**, Norris Animal Hospital, to prescribe, treat, and perform diagnostic procedures on the above described patient.

Requested discharge time: _____, **or** Call when ready _____

Please list any personal items being left with your pet toady:

Signature _____

Date _____