

## Client Treatment Authorization Form

The Doctors and Staff at Petstar Animal Care are committed to the overall care and well being of your precious pet. We require that all animals remaining in the clinic are annually administered the vaccines for Rabies, DHPPL or HCP and Bordetella virus. Proof of current vaccination is required or vaccines will be given prior to any services being rendered. We will also examine your pet for external parasites (fleas/ticks) upon their arrival and if any are found, the patient will be treated at your expense.

Please take a moment to complete the following form upon dropping your pet off to our care, giving us permission to provide treatment in your absence.

**Owners Name:** \_\_\_\_\_

**Pets Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Treatment:** \_\_\_\_\_

**Vaccination Records:** \_\_\_\_\_

**WELLNESS VISITS: PLEASE SEE THE ATTACHED SHEET AND MARK ANY OPTIONAL TREATMENTS YOU WOULD LIKE DONE DURING THIS VISIT.**

**Contact Information:** \_\_\_\_\_

**Alternate Contact Information:** \_\_\_\_\_

The above named person has my authority to make medical decisions regarding my pet.

**Please select an option for preferred method of treatment.**

- Please contact me prior to any medical treatment needed after examination of my pet
- Please proceed with any course of treatment deemed necessary. This may include but is not limited to x-rays, blood work or cytology.

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

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

**Note: A deposit of \$300 (or at least ½ of the estimate given, whichever is greater) is required for ill patients requiring treatment before they can be left in our care. If the actual cost of treatment is less than this amount, the remaining amount will be credited back to you upon pickup of your pet.**