Robinson Veterinary Professional Corporation
O/A **Robinson Veterinary Services**
3285 London Line R. R. #1
Wyoming, ON N0N 1T0
(519) 542-9588

Client:

Pet:
Birthday: ***Age:***
Weight: ***Sex:***
Breed:
Color:

Authorization to perform Medical Treatment or Surgery

I am the owner or designated agent of the animal identified above. I am 18 years of age or older and I have the authority to give this authorization of the following:

PROCEDURES :

MICROCHIP PLACEMENT $45.00 YES NO

The procedure(s) identified above have been described to me and explained to my satisfaction, the purpose for performing them and the risks involved with them. I realize there can be no guarantee as to the animal's condition or the outcome of any procedure.

I authorize the performance of the identified procedure(s) and the use of associated anaesthetics and other medications.

I also understand that unforseen conditions may be revealed during the identified procedure(s) which, in the opinion of the attending veterinarian, may require more extensive or different procedures or treatments. I understand that reasonable efforts will be made to contact me to explain these treatments and obtain my instructions regarding them. However, if the efforts are unsuccessful, I authorize the performance of any procedures or treatments which are necessary in the professional opinion of the attending veterinarian.

Pre-Anesthetic Blood Testing

_____Yes, Please complete the recommend testing prior to administering anesthesia to my pet. If abnormalities are found,contact me at the phone number below.

_____No, I decline the recommended test at this time and request you proceed with anesthesia I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia

I have agreed to pay $_____ for the above procedure(s) and clinic fees. I will pay this amount at the time the animal is discharged. Methods of payment include:CASH, DEBIT, MC, VISA
I have read and understand this authorization.

Signature: _____ PHONE_____ DATE:_____
*IF EVIDENCE OF FLEAS ARE FOUND ON MY PET HE OR SHE WILL BE TREATED AT MY EXPENSE. x_____