

# Catoctin Veterinary Clinic

4 Paws Place  
Thurmont, Maryland 21788  
301-271-1056

## Authorization For Professional Services

The following information is necessary in order that we may serve you better, and gives you and your pet the personal attention you both deserve. Please complete this form in its entirety.

### Owner/ Responsible Party

### Pet Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Species \_\_\_\_\_

\_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Number to be reached at today: \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

I, being responsible for the above-described animal, have the authority to grant you my consent to receive, prescribe for, treat, and/or operate upon my pet. I understand the surgery or treatment to be performed is:

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Pre-Anesthesia Blood Work: \_\_\_\_\_ Accept \_\_\_\_\_ Decline

If dental work is being done, would you like these services at the time of the procedure (additional cost)?

Dental X-rays: \_\_\_\_\_ Accept \_\_\_\_\_ Decline OraVet Wax: \_\_\_\_\_ Accept \_\_\_\_\_ Decline

Would you like to have any necessary extractions performed?

\_\_\_\_\_ Automatically \_\_\_\_\_ If Doctor feels they are necessary \_\_\_\_\_ Verify with me first

Would you like to have your pet micro-chipped at a reduced cost while under anesthesia?

\_\_\_\_\_ Accept \_\_\_\_\_ Decline

Would you like your pet to receive post-operative pain medication?

\_\_\_\_\_ Automatically \_\_\_\_\_ If the Doctor feels it's necessary \_\_\_\_\_ Verify with me first

Would you like your pet to receive post-operative Laser Therapy?

\_\_\_\_\_ Automatically \_\_\_\_\_ If the Doctor feels it's necessary \_\_\_\_\_ Verify with me first

You are to use all reasonable precautions against injury, escape, or death of my pet. You will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks in connection with this procedure. I understand that there may be times when my pet will be left unattended in the hospital.

I understand that I assume all financial responsibility for all services rendered, and that payment is due on the date of the procedure. If the pet is not called for within three (3) days the animal will be considered abandoned and may be dealt with as the doctor deems appropriate. It is understood that this does not relieve me from paying any and all costs for services rendered and use of the hospital including the cost of boarding.

**Boarders Only:** Catoctin Veterinary Clinic recommends against leaving personal items for boarding pets; every attempt will be made to return items, but CVC assumes no responsibility or guarantees that the items will be returned. (Please Initial) \_\_\_\_\_

I have carefully read and understand the aforementioned, and have signed in agreement:

**Owner/Responsible Party** \_\_\_\_\_ **Date** \_\_\_\_\_