PROCEDURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PET'S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PET'S AGE: \_\_\_\_\_\_\_\_\_\_\_\_

CURRENT ON VACCINES? YES NO (CIRCLE ONE)

OWNER'S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the Oakview Veterinary Hospital to perform the procedure(s) listed above and to administer anesthetics or other drugs deemed advisable for my pet. I understand the nature of the procedure(s) and the relative risks involved. I authorize the Oakview Veterinary Hospital to provide any appropriate care should a complication arise.

SIGNATURE OF OWNER OR RESPONSIBLE AGENT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER WHERE YOU CAN BE REACHED IN CASE OF AN EMERGENCY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Please be advised that if your pet is staying overnight he/she will be here unattended. If you would like 24 hour care we will be happy to refer you.\*\***