

County Line Veterinary Hospital
325 West County Line Road
Hatboro, Pennsylvania 19040
(215) 675-0533

Authorization for Professional Services

Owners Name _____
Address _____
Phone # (where you can be reached) _____
Alternate Phone # _____
Name of alternate person we can contact who is also authorized to make all necessary and immediate medical decisions regarding this pet _____
Phone # _____
Alternate Phone # _____
Pet's Name _____ Breed _____ Color _____ Sex _____ Age _____

I hereby authorize performance of the following procedures/treatments/services _____
Estimated range for services and procedures (itemized copy received) _____
(Dental estimates may not include all extractions necessary)

Extractions authorized _____ Extractions not authorized _____
Additional requests by owner (are subject to additional fee) _____

The nature of such service has been described to me to my satisfaction and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or cure. I understand the risks to the procedure(s) listed above as they have been explained to me. I understand that during the performance of the forgoing procedure(s), unforeseen conditions may be revealed that necessitate additional treatments or surgery than those set forth above. Therefore, I consent to authorize the following:

Initial ONE only

_____ I authorize the above work only.
Any additional or immediate treatments or work must be cleared by me (or my authorize representative listed above before any action can be taken. I understand the immediacy of necessary action during an anesthetic procedure. I realize that if I am unable to be contacted, I do not give permission for any additional procedures, including life saving measures.

_____ If I am unable to be contacted, I yield to the veterinarian's best judgment.
Please make every effort to maintain my pet's health. I am aware of the general costs associated with the above procedure(s) and additional costs may be incurred.

I have been informed that outside of normal operating hours (M-F 9a-8p, Sa 10a-1p, Su 10a-12p), there may be no supervision of hospitalized or boarding animals. I understand that I am financially responsible for all services rendered and that full payment is due on the date of service.

Owner or Agent of Owner _____ Date _____