

The following information is necessary in order that we might serve you better and give you more personal attention.

Please fill out the form completely.

AUTHORIZATION FOR PROFESSIONAL SERVICES

OWNER _____ PET'S NAME _____

ADDRESS _____ BREED _____

CITY _____ STATE _____ ZIP _____ SEX _____

TELEPHONE HOME _____ WORK/OTHER _____

I hereby authorize performance of the following services:

The nature of such services has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure.

I understand that I assume financial responsibility for any services rendered, and that payment is due on the date of discharge.

DATE _____

SIGNED- OWNER OR AGENT _____

*Where can you be reached today? _____