

Oak Ridge Animal Clinic

Authorization for In-House Procedures

Please fill out form completely. Please list phone number(s) below so that you can be reached immediately.

Client Name: _____ Pet Name: _____

Contact Number(s): 1) _____ 2) _____

Why is Your Pet Here Today? _____

When did the problem start? _____

Please circle all appropriate symptoms. (Please include what area is affected with each symptom)

- | | | |
|-----------------------|------------------------------|--------------------------------|
| Eating Normally | Gagging | Panting Excessively |
| Not Eating | Vomiting (Blood? Yes / No) | Difficulty Breathing |
| Eating Ravenously | Diarrhea (Blood? Yes / No) | Nasal Discharge (Color: _____) |
| Weight Loss | Straining for Bowel Movement | Eye Discharge (Color: _____) |
| Weight Gain | Scotting | Eye Redness/Color Change |
| Behavior Changes | Urinating More Frequently | Shaking Head |
| Lethargic/Less Active | Urinating Blood | Scratching at Ears |
| Itching/Scratching | Leaking Urine/Spotting | New Swelling/Mass |
| Hair Loss | Coughing | |

Any other information that could assist us? _____

Current Diet: _____

Is your pet on Heartworm Prevention? ____ Yes ____ No Type: _____

Doing initial testing can save time diagnosing your pet. Initial basic tests include blood testing, fecal test, skin scrapings, needle aspirates, x-rays, ear cytology, and more. Please contact me first if the costs of the tests recommended by the doctor **excluding** the \$55 exam fee will exceed any of the following (Please initial by the amount):

_____ \$75 | _____ \$125 | _____ \$200 | _____ \$300 | _____ Enter your own amount and initial **OR**
_____ Contact me first before any tests are run (I understand that treatment will be delayed if I am unable to be contacted)

Additional Services Offered: (Please circle any/all services you wish to for us to perform – these amounts will NOT be considered in the amount given for diagnostics above)

____ Nail Trim \$19 | ____ Ear Cleaning \$37.75 | ____ Anal Gland Expression \$28.50 | ____ Microchip \$49
____ Bath (Price Varies) ****If Doctor Allows****

I understand that in the event that my pet has fleas, they will be given a Capstar, which is a one-time oral dosage that will kill fleas on the pet and lasts up to 24 hours at the owner's expense. **This is not optional.**
(0-25 lbs: \$21.58 | 25 lbs+: \$22.33)

I agree that I am the owner of this pet and I allow the doctor(s) at Oak Ridge Animal Clinic to treat my pet. Furthermore, I agree to pay for all charges that are incurred and I understand that full payment is required at discharge.

Signature of Owner/Agent _____ Date _____