

# Oak Ridge Animal Clinic

## Authorization for In House Procedures

Please fill out completely. Please list a 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 below what area pet is affected with each symptom):

Eating Normally	Gagging	Coughing
Not Eating	Vomiting (blood? _____)	Panting Excessively
Eating Ravenously	Diarrhea	Difficulty Breathing
Weight Loss	Diarrhea w/ Blood	Nasal Discharge (color: _____)
Weight Gain	BM straining	Eye Discharge (color: _____)
Behavior changes	Scotting	Eye redness/color change
Lethargic/less active	Urinating more frequently	Shaking head
Itching and Scratching	Urinating blood	Scratching at ears
Hair Loss	Leaking Urine/Spotting	New Swelling/Mass

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 tests, 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 \$51 exam fee will exceed any of the following: (please initial)

\_\_\_ \$75 \_\_\_ \$125 \_\_\_ \$200 \_\_\_ \$300 \$ \_\_\_ Enter your own amount or  
 \_\_\_ Contact me first before any tests are run (I understand treatment will be delayed if I am unable to be contacted)

Additional services offered: (please circle any you wish us to perform – these amounts will **not** be considered in the amount given for diagnostics above)

Nail Trim \$18.00      Ear Cleaning \$34.50      Anal Gland Expression \$26.00  
 Bath \$ varies (if doctor allows)      Microchip \$53.04

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 last up to 24 hours at the owner’s expense.  
**(0-25 lbs - \$21.00; 25+ lbs - \$21.75)**

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 full payment is required at discharge.

Signature of Owner or Agent ..... Date .....