

The following information is necessary in order that we may serve you better and give you attention that is more personal. Please fill out the form completely.

AUTHORIZATION FOR PROFESSIONAL SERVICES

Owner:

Pet's Name: _____ **Breed:** _____ **Sex:** _____

Address:

City: _____ **State:** _____ **Zip:** _____

Telephone (Daytime): _____ **(Evening):** _____

I hereby authorize performance of the following surgical procedure(s):

The nature of such service has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure.

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

Date:

Signature:

(Owner or agent of owner)