

Studio City Animal Hospital

11800 Ventura Blvd Studio City CA 91604 (818) 769-1338

Treatment Authorization

DATE:

Client ID:

Name:

Address:

Phone:

Patient ID:

Name:

Species:

Breed:

Sex:

Is your listed contact info above correct? Yes _____

If no, please note any changes below

Color:

Markings:

Birthdate:

We are very sorry that we are unable to accommodate you with an appointment today. Unfortunately, we have no available appointments and in order to help your pet, we would need you to admit your pet into our hospital for the day. If not a medical emergency, the next available doctor will examine your pet between the hours of 8:00 am and 7:00 pm and then call you.

PHONE NUMBER FOR PERSON WHO CAN AUTHORIZE TREATMENT: _____

PHONE NUMBER FOR PERSON PICKING UP PET, IF DIFFERENT FROM ABOVE: _____

PLEASE PROVIDE US WITH A BRIEF HISTORY AND ANY SYMPTOMS YOU HAVE NOTICED:

LIST ANY MEDICATIONS YOU ARE CURRENTLY GIVING YOUR PET AND WHEN LAST GIVEN:

I AUTHORIZE THE DOCTORS OF STUDIO CITY ANIMAL HOSPITAL TO PERFORM AN INITIAL EXAMINATION ON THE PET LISTED ABOVE.

SIGNATURE _____ DATE _____