



Day Admit - Authorization for Treatment

Date: _____

Chart Number: _____

Client: _____

Patient: _____

Phone Number: _____

Alternate Number: _____

Please provide a detailed description of the presenting problem(s) to aid in the doctor's examination.

One of our staff members will try to contact you after the physical exam is complete with the recommendations for treatment of the presenting problem(s).

In the event that I cannot be reached, I authorize for the following tests and/or procedures to be completed if he considers it necessary.

- Examination (not optional) \$63.00
- Blood Tests.....(cost varies)
- Urinalysis..... \$95.00
- Radiographs.....\$199.00

Preventative Recommendations:

- Intestinal Parasite Screen..... \$43.00
- Heartworm Test..... \$62.00
- Vaccinations & Deworming.....(cost varies)

Client Signature: _____ Date: _____