

Tamalpais Pet Hospital

Client Name: _____ **Patient Name:** _____

Phone number(s) where you can be reached: 1) _____ 2) _____

Medical symptoms and/or procedures to be done: _____

Has your pet eaten today? _____

If your pet has not been microchipped would you like us to do it while (s)he is here? _____

Check one only:

_____ I authorize necessary treatments and exams.

_____ I authorize the treatments and exams on the estimate or listed above and request an estimate for anything additional.

_____ Please call with an estimate of treatments. If I am unable to be reached, I authorize necessary treatments.

_____ Please call with an estimate of treatments. If I am unable to be reached, I do not authorize treatments.

Dental Procedures

While your pet is anesthetized and the doctor is able to perform a more thorough exam of the mouth, additional problems may be noted which could be treated at this time.

_____ I authorize additional dental work.

_____ Please call prior to any additional procedures. If I am unable to be reached I authorize unforeseen dental procedures.

_____ Please call with an estimate of any additional procedures. If I am unable to be reached, I do not authorize unforeseen dental procedures.

I understand that payment will be required at the time of pick up.

Signature _____ **Date** _____