

Arch Beach Veterinary Clinic

Owner's Name _____

Pet's Name _____

Brief History of

Problem: _____

Is Pet on Any Medication? _____ Yes _____ No

If Yes, What Medication _____

I authorize the Following Test and/ or Treatments recommended by the doctor:

Physical Exam

X-Rays

Blood Work

Laboratory Tests

Treatment; i.e.: injections, oral medication, special shampoos, etc.

Vaccines

Toe Nail Trim

Please List Any Other Service

Requested _____

**If cost exceeds \$_____ I require prior authorization.

I will be available at this telephone number: _____

Signature of owner _____ Date _____

**Please note that all Drop Off's must be picked up no later then 5pm. Additional

boarding charges will apply if not picked up by designated time.