



**Huntsville Animal Clinic**  
 2506 Memorial Parkway SW  
 Huntsville, Alabama 35801  
 Phone: (256) 534-5581  
 Fax: (256) 534-5594

**AUTHORIZATION TO PROVIDE CARE**

DATE: \_\_\_\_\_

OWNER/AUTHORIZED AGENT: \_\_\_\_\_  
 (if authorized agent please provide your information below)

ADDRESS: \_\_\_\_\_ APT/SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

EMAIL \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

**PLEASE CIRCLE TODAY'S PREFERRED METHOD OF CONTACT**

Pet's Name	Breed	Color	DOB/Age	Sex ( <i>circle</i> )	Weight
				M MN F FS	lb
				M MN F FS	lb

**TYPE OF VISIT**

Appointment     Drop-off     Daycare

**PRIMARY REASON FOR VISIT (check all that apply)**

Physical Exam     Dental     Surgical Procedure     Preventive Care  
 Illness     Injury     New Puppy/Kitten     Spay or Neuter  
 Behavioral     Weight     Dietary     Medication Refill

**ANY OTHER CONCERNS (check all that apply)**

Eating     Drinking     Bad Breath     Excessive Sleeping     Behavioral Problems  
 Weight Loss     Weight Gain     Scooting     Itching/Scratching     Urination  
 Shaking Head     Difficulty Rising     Vomiting     Car Sickness     Diarrhea  
 Other: \_\_\_\_\_

**\*PLEASE REMOVE AND KEEP YOUR PET(S)' COLLARS, HARNESES, AND/OR LEASHES\***

- I am the owner (or authorized agent of the owner) of the pet. I authorize and direct Huntsville Animal Clinic, its staff and associates, to perform services (procedures, surgery, diagnostics, vaccinations, treatments, and / or administration of extra label medications) as determined to be necessary or advisable relating to the issues explained by the Huntsville Animal Clinic veterinarian or other Clinic associates and / or otherwise described in the estimate\*. **Owner / authorized agent will be contacted prior to performing any additional services necessary advisable not previously discussed or included on the estimate.**
- I understand that with every procedure, surgery, diagnostics, vaccinations, and / or treatment there is a risk of complication. Complications may include the possibility of death or illness. I also understand that there is no guarantee as to the results of any treatment, surgery, procedure, diagnostic, or vaccination.
- I understand the administration of sedative, tranquilizer, or anesthetic agents may be necessary to care, treat, handle, or restrain my pet. **All efforts will be made to contact owner / authorized agent prior to the administration of the aforementioned agents deemed necessary or advisable by the veterinarian.**

I give permission                       I do not give permission

to Huntsville Animal Clinic, its staff and associates, to administer aforementioned agents at my expense.

4. I understand that veterinary technicians or assistants may perform certain functions in the preparation and care of my pet in the presence of the veterinarian as well as when a veterinarian is not present. I understand that there may not be a veterinarian at Huntsville Animal Clinic at all times. I also understand that no staff will be present in the clinic overnight.
5. Should the veterinarian advise / recommend that my pet receive emergency care or be attended to overnight, I will be informed of the need to make arrangements. Such arrangements include picking up my pet, transporting my pet to an overnight or emergency medical facility, having Huntsville Animal Clinic staff or associates to transfer my pet to an animal emergency facility. I understand I am responsible for making payment arrangements prior to transfer. If I am unable to be contacted and fail to pick up my pet before Huntsville Animal Clinic closes for the day, I authorize Huntsville Animal Clinic and its associates to transport my pet to an animal emergency facility to be attended to overnight, to obtain treatment or be stabilized as deemed necessary. Huntsville Animal Clinic and its personnel may disclose information and records regarding my pet to the animal emergency facility as they consider necessary. I understand and agree that I am responsible for the payment of any charges related to transfer and medical care.
6. I understand and agree that Huntsville Animal Clinic staff will allow my pet to exercise outside in an enclosed area. I also understand and agree that Huntsville Animal Clinic may leash walk my pet outside in a non-enclosed area.
7. Pets are released during regular business hours. I understand that if payment is neglected and I fail to pick up my pet in 7 days Huntsville Animal Clinic will consider my pet abandoned. Huntsville Animal Clinic is authorized to make such arrangements as it deems best including, but not limited to, euthanasia or adoption.
8. I understand that payment is due, in full at the time services are rendered. Huntsville Animal Clinic does not request or require personal information as a condition to payment by credit card, but card users may be required to provide proof of identity. If for any reason payment is not made at the time services are rendered and no prior arrangements have been made, I understand that my account may be referred to a collection agency or court official for collection. In the event that my account is handled for collection, I agree that Huntsville Animal Clinic may add an amount to my outstanding account balance to reimburse Huntsville Animal Clinic for the reasonable collection charge (but not including attorney's fees) imposed by the collection agency or municipal entity.
9. For the safety of my pet(s) and others, all animals entering Huntsville Animal Clinic should be current on regular and core vaccinations unless being presented for treatment. If I cannot provide verification of vaccination from another licensed veterinarian, those required vaccines will be administered at my expense.
10. All pets must be free of known external and intestinal parasites such as fleas, ticks, tapeworms, hookworms, whipworms, and roundworms unless being presented for treatment. If my pet(s) requires treatment for external and/or intestinal parasites, they will be treated at my expense.

I have read fully and understand the terms and conditions set forth above. I agree to assume financial responsibility.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Owner (Authorized Agent of the Owner of the Pet) / Financially Responsible Party