



# 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) ..... \$65.00
- Blood Tests.....(cost varies)
- Urinalysis..... \$99.00
- Radiographs.....\$207.00

### Preventative Recommendations:

- Intestinal Parasite Screen..... \$49.00
- Heartworm Test..... \$59.00
- Vaccinations & Deworming.....(cost varies)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_