

Windsor Park Veterinary Clinic
1928 A Gaston Place Drive Suite A
Austin, Texas 78723 (512)928-1403

Office Use Only Date: _____
Client/Pet ID#: _____
Doctor/Tech: _____
Lab Results on File (60days): **Y N**

Authorization for Professional Services

Please be sure to read this entire form, and make sure that your information is correct, especially emergency contact telephone number. If you have questions, please ask us before your pet is admitted.

Pet's Name: _____ Species/Breed: _____ Sex: _____

Known Medical Conditions: _____

Current Medications: _____

Last dose given: _____ Last meal fed: _____

I am the owner or agent for the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s):

*If any unforeseen condition arises calling judgment for procedures in addition to or different from those now contemplated, I further request and authorize the veterinarian to do whatever he/she deems advisable. The nature and purpose of the procedures, the risks involved, and the possibility of complications have been fully explained to my satisfaction. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. Further, I assume financial responsibility for all charges incurred to the patient, and I consent to release of medical information and authorize payment to Windsor Park Veterinary Clinic. **I have read and understand this authorization and consent.***

Owner/Agent Signature: _____ **Date:** _____

Owner/Agent Best Contact Name/Phone for Today: _____

In the event the doctor needs to get in touch with you while in surgery with your pet, how would you like us to proceed? Please initial one of the following:

_____ Do Anything you need to do up to an additional amount of \$ _____

_____ Call first, if you can't reach me, do anything up to an additional amount of \$ _____

_____ Call first, if you can't reach me, don't do anything. I understand that an additional anesthetic procedure may be required (if applicable) and additional charges will be assessed at that time.

Additional Optional Procedures - Please indicate a preference :

Spay/neuter tattoo (no charge): Yes / No PetLink Microchip w/ lifetime registration (\$40): Yes / No