



(p) 318-255-7081 (fax) 318-254-0163

Client Treatment Authorization Form

The Doctors and Staff at Petstar Animal Care are committed to the overall care and well being of your precious pet. We require that all animals remaining in the clinic are annually administered the vaccines for Rabies, DHPPL4 or RCCP and Bordetella virus. Proof of current vaccination is required or vaccines will be given prior to any services being rendered. We will also examine your pet for external parasites (fleas/ticks) upon their arrival and if any are found, your pet will be treated at your expense.

Please take a moment to complete the following form upon dropping your pet off to our care, giving us permission to provide treatment in your absence.

Owners Name: _____

Pets Name: _____

Breed: _____

Sex: _____

Color: _____

Treatment:

Vaccination Records: _____

WELLNESS VISITS: PLEASE SEE ESTIMATE (on our Services page) AND MARK ANY OPTIONAL TREATMENTS YOU WOULD LIKE DONE DURING THIS VISIT.

Contact Information: _____

Alternate Contact: _____

The above named person has my authority to make medical decisions regarding my pet.

Please select an option for preferred method of treatment.

- Please contact me prior to any medical treatment needed after examination of my pet
- Please proceed with any course of treatment deemed necessary. This may include but is not limited to x-rays, blood work or cytology.

SOCIAL MEDIA: YES / NO I consent to allow PetStar to use my pet's picture and name on or in PetStar's social media (Facebook, Newsletter, Twitter, etc.).

iMessage: YES / NO If you have an Apple device that uses iMessage, we can text your pet's picture to you while he/she is here for treatment. PHONE #: _____

Signature

Date

Note: A \$300 deposit may be required for ill patients requiring treatment before they can be left in our care. If the actual cost of treatment is less than this amount, the remaining amount will be credited back to you upon pickup of your pet.