

Doctors Park Veterinary Clinic

450 E. Main St.
Canfield, Ohio 44406
(330)533-6200

Date: _____

Your Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Pet's Name: _____ Age: _____ M/F: _____ Spayed/Neutered? Yes No

Services that we are providing for your pet today (circle one): Wellness Sick/Injured Surgery Other

When was the last time your pet ate or drank anything?

Are there any problems or concerns that you are experiencing with your pet today? Yes No

If yes, please describe:

What medication(s) has your pet received today? _____

Would you like us to place a microchip while your pet is here today? Yes No

Is there any other pertinent information that we need to know about your pet during their visit today?

As the owner (or authorized agent for the owner) of this pet, I do hereby consent and grant the veterinarians of Doctors Park Veterinary Clinic and all of their employees, agents, servants, and/or representatives (collectively, the "Hospital") full and complete authority to perform the procedures and treatment that the attending veterinarian's discretion, may be deemed medically necessary, and I do hereby forever release and discharge the Hospital from any and all liability arising from such procedures and treatments.

I have read and understand this authorization of consent and am responsible for all fees incurred. We accept all major credit cards, cash, check, Care Credit, and Scratch Pay.

Signature: _____ **Phone number:** _____