



# Authorized Person Release Form

## Animal Hospital of Signal Mountain

1801 Taft Hwy, Signal Mountain, TN (423) 886-7387

Pet: \_\_\_\_\_ Owner: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Date Services Due:  
<treatments>

*To Help Us Provide The Best Possible Service For You And <Animal> Please Fill Out This Form Completely*

I \_\_\_\_\_, Give permission for \_\_\_\_\_ (Authorized Person) To bring in my pet(s) for services.

I give permission for my card to be stored on file to be used for services rendered under the care of my pet sitter. If I do not have a card on file, I will come to the Animal Hospital of Signal Mountain prior to my departure to store a card. \_\_\_\_\_

### Medical History:

- Are you on Heartworm & Flea/Tick medication: (Name)  YES  NO \_\_\_\_\_
- What food is your pet on: \_\_\_\_\_ any food issues:  YES  NO
- Is your Pet eating and drinking normally:  YES  NO
- Any vomiting or Diarrhea: (circle one or both)  YES  NO
- Any new behavioral changes: (peeing, chewing, sleeping)  YES  NO
- Eye or ear issues: (circle one or both)  YES  NO
- Any illness or Injury: (Limping, open sores or cuts)  YES  NO

Name of Medications – dosage & Times given:

\_\_\_\_\_

### Drop off only: May we have permission to perform the following:

- Has your Pet eaten or taken any medication today  YES  NO
- Laboratory Test  YES  NO
- Radiographs/Ultrasound  YES  NO
- Sedate/Anesthetize (if required)  YES  NO

**Choose One:**  Treat after Initial Examination  Call after exam with findings & estimate prior to treating

Signed \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Pet Sitter Phone Number \_\_\_\_\_

*Thank you for letting us care for your pet today!*

