



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!

