

**Red Oak Animal Hospital
4895 Ben Hill Road
College Park, Ga. 30349
(404) 767-8513**

"Our Family Celebrates the Human-Animal Bond"

Drop Off/Treatment Authorization Form

Client Name: Ronald Tolbert

Pet Name : Chaga

Date: 8/13/12

Telephone : (404) 767-5032 (404) 767-8513

Doctor: Ronald H.Tolbert, D.V.M.

All vaccinations are required for surgery, grooming, and boarding. If vaccinations have not been given by Red Oak Animal Hospital, please list the last place your pet was vaccinated at _____

If vaccinations are unable to be verified your pet will receive all required vaccinations.

My pet is here for:

Boarding Pick up date _____ Bath on this date(additional fee) Yes No

Surgery Type _____ Was food withheld today Yes No

Grooming Instructions _____ Pickup Time _____

Annual Visit Prevention Needed Heartworm Flea/Tick Medication
Refill _____

Treatment List Problem: _____

Symptoms Coughing Sneezing Vomiting Diarrhea Lethargic

Not Eating Not Drinking Excessive Drinking Abnormal Urination

Duration: _____

It is necessary for all surgical patients, some treatment patients, and very aggressive patients to receive a sedative for anesthesia. Red Oak Animal Hospital _____ does _____ does not have permission to give my pet a sedative or anesthetic agent.

As with any sedative or anesthesia there is some risk involved or even death. It is recommended, for your pets safety, that all patients have blood values evaluated prior to any sedative or anesthesia. Red Oak Animal Hospital _____ does _____ does not have permission to run this bloodwork.

Red Oak Animal Hospital promotes a flea/tick free enviroment. If fleas are noted on the initial exam of patients admitted to the hospital a Capstar tablet will be given. This will be at and additional cost of \$5.00. If ticks are noted a flea and tick bath will be given at an additional \$15.00 fee.

Owner/Authorized Representative

Emergency Phone Number _____