

Cypress Veterinary Hospital, PLLC
12002 Cypress N. Houston,
Cypress, TX 77429

Owner Name: _____

Pet Name: _____ Age: _____ Sex: _____

I, the undersigned, do certify that I am the owner or authorized agent for the owner of the animal described above and assume full financial responsibility. I understand that there may be unforeseen conditions that are revealed to necessitate further treatment based on the veterinarians professional judgment. I give authorization to perform necessary emergency procedures to insure the health if this pet.

Please List any services that your pet is being admitted for:

Please check any changes in your pet's behavior:

- | | |
|---|--|
| <input type="checkbox"/> Changes in water consumption | <input type="checkbox"/> Changes in appetite |
| <input type="checkbox"/> Lethargic or depressed | <input type="checkbox"/> Change in urine production or color |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Change in attitude | <input type="checkbox"/> Change in sleeping patterns |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Weight gain/loss |
| <input type="checkbox"/> Bad breath or drooling | <input type="checkbox"/> Lumps and bumps on the skin |
| <input type="checkbox"/> Increased stiffness | |

CHOOSE ONLY ONE OF THE FOLLOWING:

1) I understand that the veterinarian may need to give treatments that were not previously discussed. I hereby give permission for these treatments to be performed at an additional cost. (____) _____.

2) I would like to be contacted at (____) _____ before any additional treatments are performed on this pet, but understand that if I can not be reached at the phone number provided, the treatment/s will be performed in the best interest of my pet, at an additional cost.

3) I would like to be contacted at (____) _____ before any additional treatments are performed. If you are not able to contact me, please leave me a message and I will give you a call back as soon as I can. I understand this means that necessary treatment for this pet may be delayed.

Signature

Date

I give Permission for the attending veterinarian to:

- Resuscitate my cat/dog Do not resuscitate my cat/dog