

Vet Med Animal Clinic
7257 Turner Lake Rd
Covington, GA 30014
770-787-4899

Drop Off/Treatment Authorization Form

Client Name: _____

Pet Name : _____

Date: _____

Telephone : _____

My pet is here for: _____

Rabies and Bordetella vaccines are required. I authorize VMAC to give vaccines as needed. _____

Treatment List Problem: _____

Symptoms Coughing Sneezing Vomiting Diarrhea Lethargic

Not Eating Not Drinking Excessive Drinking Abnormal Urination

Duration: _____

Refill Products \ Medications

Heartworm Flea \ Tick Other _____

Occasionally the doctor may feel it is necessary to sedate or use an anesthetic agent for treatment on a patient.

I authorize permission to do so if needed. Yes _____ No _____

_____ This office 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 \$13.00.

Owner/Authorized Representative

Emergency Phone Number _____