

# QUIOCCASIN VETERINARY HOSPITAL, Inc.

9218 Quioccasin Road, Richmond, VA 23229

(804) 741-3200

## IN PATIENT AUTHORIZATION

Dr: \_\_\_\_\_  
Prep by: \_\_\_\_\_

Owners Name: \_\_\_\_\_

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

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

Reason for visit: \_\_\_\_\_  
\_\_\_\_\_

Grooming Instructions \_\_\_\_\_

Please indicate if you have any medications needing to be filled or refilled \_\_\_\_\_

## LABWORK/TESTING

X-Rays \_\_\_\_\_ Ultrasound \_\_\_\_\_ Lab Work \_\_\_\_\_ Urinalysis \_\_\_\_\_ Cytology \_\_\_\_\_

May we sedate your pet (only if absolutely necessary) \_\_\_\_\_ Yes \_\_\_\_\_ No

## YEARLY VACCINES/TESTING

Your pet may also be due for one or more of the following:

### Feline:

\_\_\_\_\_ FDRS  
\_\_\_\_\_ Rabies  
\_\_\_\_\_ Leukemia  
\_\_\_\_\_ Fecal Test  
\_\_\_\_\_ Heartworm/Leukemia/FIV Test  
\_\_\_\_\_ Baseline Bloodwork

### Canine:

\_\_\_\_\_ DHPP  
\_\_\_\_\_ Rabies  
\_\_\_\_\_ Bordetella  
\_\_\_\_\_ Fecal Test  
\_\_\_\_\_ Heartworm 4DX Test  
\_\_\_\_\_ Baseline Bloodwork  
\_\_\_\_\_ Lyme  
\_\_\_\_\_ Leptospirosis  
\_\_\_\_\_ Canine Influenza

## GROOMING

### Grooming:

\_\_\_\_\_ Nail Trim  
\_\_\_\_\_ Ear cleaning  
\_\_\_\_\_ Anal Glands  
\_\_\_\_\_ De-mat (comb/clip)  
\_\_\_\_\_ Shave down  
\_\_\_\_\_ Bath

To prevent the spread of infectious diseases and parasites, all animals staying in the hospital must be current on all vaccines and free of internal and external parasites. Vaccines and parasitic control will be administered as deemed necessary by the doctor. The doctors and staff are to use all precautions against illness, injury, and circumstances on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks.

*I am the owner/agent of the pet described above and give permission to perform the services listed above.*

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Contact Number \_\_\_\_\_

