

Red Barn Veterinary Hospital-Rabies Clinic

14 Seven Mile Hill Road, Dahlonga, GA 30533

Authorization to provide care:

- I authorize and direct the veterinarians of Red Barn Veterinary Hospital or their assistants to perform services, procedures, diagnostics, treatments, and/or administer extra label medications within accepted veterinary guidelines as deemed advisable and/or necessary for my pet.
- Although Red Barn Veterinary Hospital will take reasonable action to ensure the success of my pet's procedure, I understand that there is a risk of complications with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedures.
- I understand that there is no guarantee, nor can one be made as to the results or cure of any therapy. I understand that the veterinarians of Red Barn Veterinary Hospital will determine and recommend certain vaccinations and other preventative care as are necessary and appropriate. I understand that I have the choice to obtain additional information regarding those opinions about vaccinations or preventative care myself and discuss my questions with my Red Barn Veterinary Hospital veterinarian.

Owner's name printed: _____ Phone #: _____

Owner's Address: _____ City: _____ Zip Code: _____

List Of Pets: (List on Back if more room needed)

Name: _____ Breed _____ Age: _____ Spay/Neutered: _____

Name: _____ Breed _____ Age: _____ Spay/Neutered: _____

Name: _____ Breed _____ Age: _____ Spay/Neutered: _____

Name: _____ Breed _____ Age: _____ Spay/Neutered: _____

Name: _____ Breed _____ Age: _____ Spay/Neutered: _____

Owner's signature: _____ Date: _____