



Andrews Veterinary Hospital

1575 Main Street
Andrews, NC 28901
(828) 321-3316

www.andrewsveterinaryhospital.com

Treatment Authorization

Owner's Name _____ Date _____

Address _____ City/State _____ Zip _____

Phone _____

Pet's Name _____ Dog _____ Cat _____

Other (specify) _____ Breed _____

Sex _____ Age _____ Color _____ Markings _____

I hereby authorize the veterinarian to examine, prescribe for, or treat said animal. This may include, but is not limited to x-rays, blood work, fecal exams, and or any other procedures that may diagnose and treat said animal.

I understand the doctors(s) may need to reach me during the assessment of said animal.

I can be reached at _____

Signed _____