



(P) 318-742-8002    [www.Bossier.PetStar.vet](http://www.Bossier.PetStar.vet)

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### Client Treatment Authorization Form

Petstar Animal Care's veterinarians and staff are committed to the overall care and well-being of your companion animal. We require that all animals staying in the clinic be vaccinated for Rabies, DHPP or RCCP, and Bordetella virus on an annual basis. Proof of current vaccination is required; otherwise, vaccines will be given prior to any services being rendered. We also examine your pet for external parasites (fleas/ticks) upon arrival. If any are found, your pet will be treated at your expense.

Please complete this form when you drop off your pet. It gives Petstar permission to provide treatment in your absence.

**Owner's Name:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Treatment:** \_\_\_\_\_

**Vaccination Records:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**Alternate Contact Information:** \_\_\_\_\_

The above named person has my authority to make medical decisions regarding my pet.

☐ Please contact me prior to proceeding with any medical treatment after examining my pet.

☐ Please proceed with any course of treatment deemed necessary. This may include but is not limited to X-rays, blood work or cytology.

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**Signature**

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**Date**