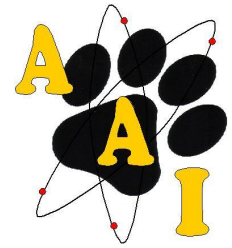




Advanced Animal Imaging Referral Form

5902 Homestead Rd.
Fort Wayne, IN 46814
Phone:(260) 434-1555
Fax:(260) 434-1557

www.advancedanimalimaging.com



| | | | |
|-----------------------|-----------------------|--|-------------|
| Owner's Name: | | Pet's Name: | |
| Breed: | Color: | Sex: | Age: |
| Daytime Phone: | Evening Phone: | Phone Where You Can Be Reached Today: | |

**PROCEDURE (S) BEING
PERFORMED TODAY:** _____

I hereby authorize Advanced Animal Imaging to perform such diagnostic and therapeutic procedures as are, in their opinion, necessary and advisable for treatment and maintenance of my pet's health and well being. The nature of such services has been described to me to my satisfaction and, while I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure.

I also authorize the veterinarian and staff to provide veterinary service as required or in emergency circumstances to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis until further advised in writing.

I understand that my pet is required to be up to date on all vaccinations and have a current heartworm test.

Is your pet microchipped? Yes _____ No _____

I understand that I assume financial responsibility for all services rendered at time of service.

Signature _____

Date _____

