



## **Ozone Therapy** **Authorization Form**

Scottsdale Veterinary Clinic  
7311 E. Thomas Road  
Scottsdale, AZ 85251

Owner Name: \_\_\_\_\_ Chart Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

### **Please Initial the Following:**

\_\_\_\_\_ I am either the owner of \_\_\_\_\_ or responsible for said pet and have authority to give this consent. I am at least 18 years of age. I authorize the performance of Ozone Therapy as you determine to be indicated. I agree to indemnify and hold Scottsdale Veterinary Clinic and its employees harmless from and against any and all liability arising out of the performance of any of the procedures referred to here.

\_\_\_\_\_ I understand that The Scottsdale Veterinary Clinic cannot guarantee a time that my pet will be available for discharge and that TSVC will ensure to communicate with me a time to pick up.

\_\_\_\_\_ It is NOT recommended that your pet receive any vitamin supplements up to 12 hours prior to treatment. This may decrease the effectiveness of the treatment.

Phone number where I can be reached today: \_\_\_\_\_

Print Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_