

Veterinary Treatment Authorization

Date: _____

Client name: _____

Address: _____ / _____

Home phone: _____

Animal name: _____

Age: _____ Sex: _____ Breed: _____ Tattoo: _____

Color and Markings: _____

I certify that I am the legal owner/duly authorized agent for the owner (circle one) of the described above, and do hereby give Dr. _____ permission to treat of said animal for:

Presenting complaint: _____

Diagnosis: _____

I have been given several treatment options, see below (1-3), and the associated risk's and benefits of each option has been explained to me:

1. _____

2. _____

3. _____

I have chosen option # _____ (initials _____)

I hereby forever release Dr. _____ and staff or representatives from any and all liability for treatment of said animal.

If the animal described above is insured under mortality insurance policy or any other type of insurance policy, the owner/agent hereby agrees that it is his/her responsibility, not the veterinarian's, to notify the insurance company as required by the term of any applicable policy.

Insured? YES NO

I have read and understand this authorization. To the best of my knowledge, the information I provided is true. Fees for these services have been explained to me, and I promise to pay such fees when due.

Owner/Agent Signature _____ Date _____

Witness _____ Date _____

Verbal/Phone release _____ / _____ Date _____

Agent

Clinician

I certify that I am signing as an agent, I have the authority to execute this consent.

Name: _____

Signed: _____ Date _____