

**Client's Name:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Dog / Cat**   **M / F**

**Age of Pet:** \_\_\_\_\_ **Breed / Markings:** \_\_\_\_\_

**Services / Treatments:** \_\_\_\_\_

**Estimated Fees:** \_\_\_\_\_

See long form itemized estimate

**( 1 ) AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT(S)**

I, the undersigned, owner or authorized agent of admitted patient hereby authorize the admitting veterinarian (and the designated associates or assistants) to administer such treatment and anesthesia as is necessary to perform the above mentioned procedures; and additional procedures as are considered therapeutically and/or diagnostically necessary. I have read and understand the itemized estimate and consent to the administration of diagnostic testing and therapeutic treatment to my pet. \_\_\_\_\_ (initial)

( 2 ) I understand that a good faith effort was made to make the above estimate accurate within a (+)/(-) 15% (fifteen per cent) range. \_\_\_\_\_ (initial)

( 3 ) I can be contacted at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, or (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ during the expected treatment period.

( 4 ) I understand that every attempt will be made to contact me if additional treatments or procedures are deemed necessary by the veterinarian, however if I am unable to be reached I understand that the veterinarian will act in the best interest of my pet and do what he/she feels is medically necessary and I will be responsible for the additional charges. \_\_\_\_\_ (initial)

( 5 ) I further understand that no guarantee of successful treatment is made. \_\_\_\_\_ (initial)

( 6 ) I also assume financial responsibility for all charges incurred to patient, and agree to pay all such charges at the time requested by Companion Pet Clinic agents. \_\_\_\_\_ (initial)

( 7 ) I hereby certify that I have read and fully understand the authorization contract for medical and/or surgical treatment, the reason why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications, if any.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_