



PO BOX 309 5610 BARRETT AVENUE, FERNDALE WA. (360) 384 - 0212

## CONSENT OF TREATMENT BY OWNER

I, \_\_\_\_\_ hereby authorize the following people to present my pet(s) for treatment in my absence should an injury or illness occur to my pet(s) that requires veterinary care. This includes any medical treatments, anesthesia consents, or surgical procedures, and to sign for charges; with fees: not to exceed \$ \_\_\_\_\_ Or: **whatever necessary** \_\_\_\_\_. I will provide the following people with a method of payment (Cash, Check, or Credit Card (Visa, Mastercard, Discover) to pay the bill at the time of service.

I authorize any veterinarian to provide my pet with veterinary care and essential medical service. I do \_\_\_\_\_ I do not \_\_\_\_\_ (check one) authorize **intensive** medical efforts for my pet.

In the event the attending veterinarian determines that my pet is suffering and/or is incurably injured, I give my consent \_\_\_\_\_ I do not give my consent \_\_\_\_\_ (check one) for euthanasia. Please understand that if your pet's health is this critical, we will try everything in our power to get in contact with you before any decisions are made.

I will be able to be reached at:

Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized caretakers:

Pet Caretaker #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Caretaker #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Caretaker: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Return Date: \_\_\_\_\_