

Animal Care Taker Treatment Authorization

I, _____, the owner authorize the care taker (listed below) to bring my pet(s) (listed below) to La Cumbre Animal Hospital for emergency, urgent or scheduled treatments. I hereby authorize Dr. Holmes and/or Dr. Kuesis and/or Dr. O'Donnell and/or Dr. Stotter and/or Dr. Alonso to administer such treatments as necessary and perform additional procedures that may be considered therapeutically and/or diagnostically necessary.

I consent to the administration of such anesthetics as are necessary. I understand the accompanying risk (including death) with the use of any anesthetic & that such risk may increase with age, health, and general condition of my pet.

I further understand that no guarantee of successful treatment is made. I hereby certify that I have read and fully understand this authorization for emergency, medical and/or surgical treatment, including euthanasia, the reason why such emergency, medical, and/or surgical treatment is considered necessary, as well as its advantages and possible complications, if any. I also assume financial responsibility for all charges incurred to the patient, and agree for all expenses to be charged to the credit card listed below at time of discharge from the hospital of such patient(s).

Client Label

Client requests to be contacted & will be reachable while out of town, at the following number(s):

Pet Label #1

(REQUIRED)

Normal CPR In the event of an unforeseen emergency
 DNR I authorize the following CPR code

Pet Label #2

(REQUIRED)

Normal CPR In the event of an unforeseen emergency
 DNR I authorize the following CPR code

Pet Label #3

(REQUIRED)

Normal CPR In the event of an unforeseen emergency
 DNR I authorize the following CPR code

Pet Label #4

(REQUIRED)

Normal CPR In the event of an unforeseen emergency
 DNR I authorize the following CPR code

Dates of treatment authorization: _____

Name of Caretaker: _____ Phone #: _____

Credit Card #: _____ Exp Date: _____

CV Code _____ Credit Card Zip Code: _____

Signature: _____ Date: _____