



# **PATIENT TREATMENT AUTHORIZATION FORM**

Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Pet's Name: \_\_\_\_\_ Species: *canine / feline / other*

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: *male / female* Is your pet spayed/neutered?: *yes / no*

Is your pet current on their rabies vaccination?: *yes / no*

Primary Veterinarian/Veterinary Hospital: \_\_\_\_\_

What do you feed your pet? (i.e. Brand, Canned/Dry, etc.) \_\_\_\_\_

I hereby authorize AnimERge to perform such diagnostic, therapeutic and surgical procedures as are, in their opinion, necessary and advisable for treatment and maintenance of my pet's health. While I expect all procedures to be done to the best of the abilities of the professional team, I realize that no guarantee or warranty can ethically or professionally be made regarding the results. I also authorize the veterinarian(s) and healthcare team to provide veterinary service as required or, in emergency circumstances, to follow through with such procedures as are necessary for the well-being of my pet on a continuing basis.

I understand that the invoice resulting from my pet's admission to AnimERge is to be paid in full at the time my pet is discharged. I will satisfy payment via the following method:

Cash  Check  Visa/MasterCard//Discover/AmEx  CareCredit  Scratch Pay

I am the owner or agent of the aforementioned pet, am at least 18 years of age, and am competent to contract in my own name. I have read this document in its entirety before signing below and I fully understand all of the content in this document and its meaning. I fully understand the impact of signing this release.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**OFFICE USE ONLY**

CLIENT#: \_\_\_\_\_ PATIENT#: \_\_\_\_\_ TIME: \_\_\_\_\_ AM / PM

REASON FOR VISIT: \_\_\_\_\_

CLIENT/PATIENT INFORMATION UPDATED IN DVMax (check):  RECEPTIONIST INITIALS: \_\_\_\_\_