

As the owner or authorized guardian of this animal, I give permission to the clinic to receive, treat, prescribe or otherwise care for the animal above as deemed necessary.

Should injury or circumstance warrant the need for emergency service, I understand that the clinic will try to contact the necessary people before treatment, but will exercise the option to proceed if no one is available for clearance.

Emergency Contact Name (if different from above): _____

Emergency Contact Phone Number (if different from above): _____

I have labeled all toys, belongings, medications, foods, treats etc. brought with the pet so that the clinic can use these accordingly and return any unused/remaining items.

SIGNATURE: _____ DATE: _____