

TREATMENT RELEASE for Bear Creek Animal Clinic

Client: _____ Patient: _____

Address: _____ DOB: _____

_____ Species/Breed: _____

Phone: _____ Sex: _____

In the event of an emergency when I am out of town, I authorize the below listed caregiver(s) to act as my pet's guardian. I give them full authorization to make decisions on my pet's behalf within reason based on the recommendations of Bear Creek Animal Clinic doctors and staff.

PET SITTER/CAREGIVER NAME: _____

DATES PET WILL BE IN THEIR CARE: _____

TREATMENT AUTHORIZATION: If the pet becomes seriously ill, BCAC will make every reasonable effort to notify the owner. If owner does not inform clinic immediately regarding measures to be taken or if the state of animal's health reasonably demands quick action, clinic will treat pet as it deems necessary.

EMERGENCY CONTACT: _____

For minor illnesses I authorize up to **(CIRCLE ONE: \$100 \$250 ANY)** costs in medical care.

FORM OF PAYMENT (OPTIONAL): _____

SEDATION/ANESTHESIA: I authorize BCAC to use sedatives/anesthesia if deemed necessary for the health and safety of the animal. I release the doctors and staff from any liability arising from the procedure including injury, complications, and death. I realize that no guarantee, nor warranty, can ethically or professionally be made regarding the results.

By signing this release, I certify that I am the owner, or authorized agent, of the above pet and agree to the terms of treatment for my pet at Bear Creek Animal Clinic. I agree to promptly pay all expenses for veterinary services required by the animal as outlined above.

I have read and understand this authorization and consent.

BEST CONTACT #: _____ **TODAY'S DATE:** _____

SIGNATURE: _____ **PRINTED NAME:** _____