The Beach House Vet

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Consent for Treatment in Absence of Owner

Owner's Phone Number While AWAY

_____

Departure and Return Dates

_____

Agent's Name, in absence of owner

_____

Agents Phone Number

_____

The agent above is responsible for my pet(s) while I am away and

- ○ I grant my Agent power to make all decisions regarding veterinary care without contacting me first.
- ○ I wish to be contacted before any non-emergency treatments; however, I give permission for my Agent and this hospital to provide life-saving, emergency treatments while I am contacted or in the event I am unable to be reached.
- ○ I wish to be contacted before all treatments, regardless of emergency or non-emergency nature. I am aware this means medical care will be withheld from my pet, including possible life-saving treatments.

Consent to Treatment

I, _____, the undersigned, am the owner or agent for the owner of the animal described above. I have the full and exclusive authority to execute this consent and am over 18 years of age.

- I give permission to doctors, staff, authorized agents, or representatives of this hospital to hospitalize, anesthetize, medicate, treat, or perform surgery on my pet.
- I am aware of the risks and complications associated with any surgery, anesthesia, hospitalization, procedure, and medications that may be given or dispensed for my pet.
- I further understand that unforeseen conditions may arise that may necessitate additional procedures at an additional cost.
- If life-saving emergency care is required, I authorize this hospital's doctors, staff, authorized agents, or representatives to provide treatment which they deem necessary until I can be reached.
- I authorize the use of appropriate anesthesia and pain relief medication as needed before and after the procedure.
- I understand that if my pet remains hospitalized, there will not be overnight supervision provided.
- I further understand that it can be very stressful to an animal to be hospitalized and this stress may cause underlying physical conditions to become apparent. This can result in illness and even death. While the hospital strives to provide the best in veterinary services; unfortunately, no guarantee can be made regarding the outcome of the services provided. I release the hospital from any and all liabilities.

Owners Name

Date

Owner's Signature