

Crepe Myrtle Animal Hospital, PA

149-A Logan Court, Angier, NC 27501
(919)639-8387

Chart # _____

MEDICAL CARE CONSENT IN CLIENT'S ABSENCE

Owner Name _____ Spouse _____
Address _____
City _____ State _____ Zip _____
Phone _____ Alternate Phone _____

I, (print owner full name) _____, authorize (print authorized caregiver full name) _____ to present my pet(s) as listed below to the **Crepe Myrtle Animal Hospital, PA** for any necessary medical care in my absence from (beginning date) _____ until (ending date) _____. In addition, I agree to pay for all services rendered necessary by the treating veterinarian in the best interest of my pet(s). I consent to the below designated option for the cost of treatment (please initial the appropriate option):

_____ Treat my pet(s) as needed regardless of cost. Do any and all tests, treatments, and surgeries as are necessary for the wellbeing of my pet(s). I accept full financial responsibility for all charges incurred from treatment of my pet(s).

OR

_____ Treat my pet(s) as needed but do not exceed \$_____ in treatment costs. I understand that if the needed treatments exceed this amount, and my agents or I cannot be contacted, my pet(s) will **NOT** receive further treatment even if the condition is life-threatening. I also understand that if the doctors of CMAH feel that my pet(s) is/are undergoing excessive pain and suffering due to lack of medical care, and such treatments will exceed the amount above, I give CMAH authorization to euthanize my pet(s). I will be responsible for all charges incurred during that time.

PETS AUTHORIZED FOR TREATMENT

	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5
Name	_____	_____	_____	_____	_____
Species	_____	_____	_____	_____	_____
Breed	_____	_____	_____	_____	_____
Age/DOB	_____	_____	_____	_____	_____
Color	_____	_____	_____	_____	_____
Gender	_____	_____	_____	_____	_____
Spayed/Neutered	_____	_____	_____	_____	_____
Special Needs	_____	_____	_____	_____	_____

EMERGENCY CONTACTS (other than yourself)

Name	_____	Name	_____
Phone Number	_____	Phone Number	_____
Relation to Owner	_____	Relation to Owner	_____

PAYMENT OF SERVICES

I authorize payment of services by the method below at the time of service.
 Cash Personal Check (Driver's License # _____)
Credit/Debit: Visa MasterCard Care Credit
Card # _____ Exp. Date _____ Zip Code _____

Signature _____ **Date** _____