



The Animal Nanny ©

Est. 1994

...providing the best in pet & property care while you're away.

Authorization for Emergency Medical Treatment

The undersigned owner or authorized agent for the animal(s) residing at:

Named:

Hereby authorizes a licensed veterinarian, and whoever may be designated the assistants, at:

Clinic Name:

Location:

Phone:

To administer such treatments and to perform such procedures as are considered therapeutically or diagnostically necessary for the care of said animal, including administration of anesthesia.

In the event that emergency treatment is required, I authorize said veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of the patient until either I, or an authorized agent can be contacted for further authorization.

I understand that no guarantee of successful treatment is made. I accept financial responsibility for the above-named patient, and I understand that payment is due upon the release of the patient, or within 60 days of service, or when service is otherwise terminated. I understand that I am entitled to an estimate of charges at my request for any animal without "fee not to exceed" orders.

I declare and certify that I have read and fully understand this authorization for emergency veterinary medical treatment, the reasons why such treatment is considered necessary, as well as the advantages and possible complications.

Signature of Pet Owner

Print Name

Authorized Agent Name

Date
