



Emergency Treatment Authorization

Date: _____

Owner's Name: _____

Patient's Name: _____

I hereby authorize the Emergency Veterinary Clinic of Southwest Missouri, Inc. to perform immediate life-saving procedures on my pet, as named above.

I understand that immediate treatment is necessary to provide my pet with the best opportunity for its well being. Emergency treatment does not guarantee the survival of my pet.

I realize that these initial emergency procedures used to stabilize my pet can reach **\$150-\$300**. I agree to this emergency estimate and accept full financial responsibility for these charges. I understand that payment is required at the time services are performed.

Once stable, additional treatments may be necessary. The doctor will speak to you as soon as possible to inform you of your pet's condition and discuss further care. At that time the doctor will provide you with a more thorough written estimate detailing any additional treatments.

Signature of Owner or Responsible Party (Required)