



CCAHA Veterinary Services
 110 Morview Blvd.
 Morgantown, PA 19543
 610-286-9065

Consent for Treatment in Absence of Owner

Date:	Patient's Name:
Owner's Name:	Owner Phone Number WHILE AWAY:
Agent for owner in absence:	Agent Phone Number:
Departure Date: _____	Returning Date: _____

Choose one:

The agent above is responsible for my pet(s) while I am away and will be able to make all decisions regarding veterinary care without contacting me first.

The agent stated above is responsible for my pet(s) while I am away. For decisions regarding veterinary care, I wish to be contacted prior to proceeding with treatment, allowing CCAH Veterinary Services to make my pet comfortable with minimal diagnostics until I can be reached.

I understand medical care, stabilization, and subsequent diagnostics can entail considerable financial responsibility.. I understand payment will be required either during my absence or immediately upon my return. I accept this financial responsibility and agree to pay CCAH Veterinary Services for all services rendered. Initial: _____

I, the undersigned, am the owner or agent for the owner of the animal described above, and I have the authority to execute this consent. I give permission to doctors, staff, authorized agents, or representatives of CCAH Veterinary Services to hospitalize, anesthetize, medicate, treat, or perform surgery on my pet. I have been informed that there are risks and complications associated with any surgery, anesthesia, hospitalization, procedure, as well any 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. Should life-saving emergency care be required, I authorize CCAH Veterinary Services doctors, staff, authorized agents, or representatives to provide treatment which they deem necessary. I authorize the use of appropriate anesthesia and pain relief medication as needed before or 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 or even death. I release CCAH Veterinary Services from any and all liabilities.

Owner/Agent Signature: _____ **Date:** _____

CCAHA Staff Only: Staff Initials: _____

For CCAHA Staff only to ensure completeness and and staff initials:

Critical Care Level Form MUST be completed for all admissions

If boarding, Boarding Consent Form MUST be completed