

It's Raining Cats & Dogs

Luxury Pet Services

Authorization for Emergency Medical Treatment

The undersigned owner, or authorized agent, of the pet(s) name _____

_____. Hereby authorizes a licensed veterinarian, and whoever may be designated as assistants, to administer such treatment and to perform such procedures as are considered therapeutically or diagnostically for the care of my animal, including the administration of anesthesia.

In the event that emergency treatment is needed, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of my pet(s) until I can be contacted for further authorization.

I understand that no guarantee of successful treatment is made. I accept full financial responsibility for the treatment of my pet(s), and I understand that payment in full is due upon release of the pet(s) from the veterinarian hospital, or when service is otherwise finished or discontinued. I understand that I am entitled to a written estimate of charges at my request.

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

I hereby release It's Raining Cats & Dogs and all staff from any and all claims arising out of such an emergency situation.

I Represent That I Have Made Full Disclosure and Have Read, Understand, and Accept the Terms and Conditions Stated in the Agreement, and Acknowledge That This Agreement Shall be Effective and Binding Upon the Parties.

OWNER _____ DATE _____

OR

I decline any and all treatment from a licensed veterinarian and/or emergency center staff for my pet(s) _____

OWNER _____ DATE _____