# Authorization For Non-Anesthesia Medical Treatment or Daytime Care

# I authorize Loving Paws Pet Clinic to perform upon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### The following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Estimate for charges** (this may change after an exam or tests): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any unforeseen condition arises calling for procedures, in addition to, or different from those now contemplated, we will follow your instructions indicated below.

**I authorize her to do whatever she deems advisable without first contacting me, realizing there will be additional costs beyond the estimate.**

Contact me prior to any additional procedure. **If I cannot be reached, I authorize her to do whatever she deems advisable without contacting me, realizing there will be additional costs beyond the estimate.**

Contact me prior to any additional procedure. **If I cannot be reached, do not perform any additional procedures.** I understand that this does not apply to an emergency situation.

If it is a life-threatening emergency, we will attempt to call you, but will also institute immediate treatment unless the DNR is checked below.

**If my pet goes into cardiac arrest** (is not breathing and has no pulse):

I DO want you to try to resuscitate my pet, knowing this will incur emergency treatments and fees.

**DNR**: I DO NOT want you to make any emergency attempts to revive my pet, knowing this could result in death.

I understand that if an exam, flea treatment, or pain medicine is required there will be additional charges.

List any medications (including non-prescription) that your pet has received within the last 24 hours and times given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I fully understand that there may be risk to such procedures. I authorize the use of appropriate medications and tests. I understand and agree to the proposed estimate plan. I have read and do understand this consent.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of pet owner or responsible agent (Required)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Text Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number (Required for emergencies) Preferred method of contact