

Authorization For Non-Anesthesia Medical Treatment or Daytime Care

I authorize Loving Paws Pet Clinic to perform upon: _____

The following: _____

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: _____

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.

Signature of pet owner or responsible agent (Required)

Date _____

Phone number (Required for emergencies)

Phone Text Email _____

Preferred method of contact