

MEDICAL CONSENT FORM FOR DAYTIME HOSPITALIZATION

Clients Name: _____ Pets Name: _____

*Contact Phone # for today: _____ Aprox. Appt. Time: _____

*Aprox. Pick-Up Time: _____

In my absence I authorize Dr. _____ to perform the following procedure/s on the above named pet.

*Clients Signature: _____ Date: _____

In the event I cannot be reached at the above telephone number during the examination and additional treatment is required, I DO / DO NOT authorize the doctor to use his or her discretion in the treatment of my pet. Initials _____.

(Every effort will be made to contact the client before any additional treatment is made to your pet. This release form will allow us to provide efficient drop-off care for your pet.)

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