

ALL CREATURES VETERINARY CLINIC

CONSENT FOR TREATMENT IN ABSENCE OF OWNER

Prefers Dr.

Client: **EMERGENCY
PHONE NUMBER(s)**

Address:

Pet: Age: Breed: Sex:

PERSON RESPONSIBLE WHILE YOU ARE AWAY –

Contact Name: Phone Number(s):

Dates you are away:

I, the above-mentioned client, hereby release All Creatures Veterinary Clinic to treat my animal while I am absent. I understand that emergency situations require immediate attention without my prior knowledge and that the Doctors and staff at All Creatures have my permission to perform such necessary procedures deemed so by the veterinarian's professional judgment. I realize I am financially responsible for my pet and that results cannot be guaranteed.

PAYMENT IS EXPECTED WHEN PATIENT IS RELEASED

Signature: _____ Date: _____

Witness: _____

Credit Card Type : MC V Number: _____ Exp Date _____