

Authorization for Emergency Medical Treatment

The undersigned Owner of the pet named _____ hereby authorizes _____ DVM/Hospital to administer such treatments and to perform such procedures as are considered therapeutically or diagnostically necessary for the care of my animal, including the administration of anesthesia.

If my Veterinary Hospital, _____ is not available for my pets emergency needs, I authorize Lyncrest Cavaliers LLC Just Like Home Dog Boarding to have Wilsonville Veterinary Clinic administer treatment until my Veterinary Hospital is available. In the event that emergency treatment is required, I authorize the veterinary staff to perform medical and surgical treatments necessary to preserve the life of my pet until I can be contacted for further authorization.

I accept all financial responsibility for the treatment of my pet, and I understand that payment in full is due upon release of the patient from the veterinary hospital, or when service is otherwise terminated.

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 Lyncrest Cavaliers LLC Just Like Home Dog Boarding and all staff from any and all claims arising out of an emergency situation.

I REPRESENT THAT I HAVE MADE FULL DISCLOSURE AND HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT, AND ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON THE PARTIES.

Date:

Clients Signature: