

College Park Road Veterinary Clinic
186 College Park Road, Ladson, SC, 29456
Phone: (843) 797-1493
Fax: (843) 824-0905



TREATMENT AUTHORIZATION FORM

Date: _____

I, being responsible for _____, have the authority to grant you my consent, prescribe for, treat, and/or operate upon.

In the event of an emergency, College Park Road Veterinary Clinic will make several attempts to contact you while he/she is in our care. If you are unable to be reached and emergency treatment or surgery for _____ is deemed necessary by a veterinarian, such treatment or surgery will be initiated, and you will incur all financial responsibility. Should _____ go into cardiac or respiratory arrest while in our care, CPR will be initiated unless otherwise directed.

College Park Road Veterinary Clinic will use all reasonable precautions against injury, escape, or death of _____. I understand that the clinic will not be held liable or responsible in any manner if any of the above situations arise. As the owner, I understand that I assume all responsibility and risks.

All charges including hospitalization or boarding costs shall be paid upon release from College Park Road Veterinary Clinic. If I do not pick up _____ within 24 hours after the time specified for pick up and if I have not notified the hospital of an alternate date for pick up within a 10-day period, <animal> will be considered abandoned and will become property of College Park Road Veterinary Clinic. I understand that this does not relieve me from paying for all cost of services.

X

Client's Signature

Home: ()

Cell: ()

Work: ()

Other: _____

"" CPR

X

INITIALS

"" DO NOT CPR

X

INITIALS