

Authorization for Medical Treatment Form

Owner Release:

I, _____, authorize Cats Only Veterinary Hospital to provide medical treatment in the event of an illness or injury during my absence for the following cats:

During my absence, the caregiver _____ has my permission to authorize initial treatment of my animals.

I understand that in the event of illness, the staff will immediately attempt to contact me to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I can be reached. I am placing a financial limit of _____ dollars for these services.

Should an emergency arise, I authorize the medical staff to perform such emergency procedures as may be necessary for the health of my cat until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my cat.

I understand all cats admitted to the hospital must be protected against communicable diseases and are therefore required to be current on FVRCP and Rabies. Likewise, all cats must be free of internal and external parasites or will be treated on entry or discovery at the owner's expense.

If vaccinations were performed elsewhere, please provide written documentation of the Rabies and FVRCP vaccination administered.

I understand that the hospital is not responsible for loss or damage to personal items left with the cat while being hospitalized.

If your cats are on any medication or treatment please list them and how often they are given.

1. _____
2. _____
3. _____
4. _____

Please list the kind of food you are currently feeding you cats.

Wet: _____ Dry: _____

Please List the location where you may be reached and the telephone number so in case of emergency we can try to contact you.

Resort: _____

Phone: (_____) _____ Cell(_____) _____

Signature: _____ Date: _____