

Burlingame Family Pet Hospital

AUTHORIZATION FORM

CLIENTS NAME:

PATIENTS NAME:

DATE:

I, the undersigned, owner or authorized agent of the admitted patient, hereby authorize the veterinarian-Dr. Frank Merrill, Jr. (and his designated associates or assistants) to administer such treatment as is considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetics as are necessary.

I hereby certify that I have read and fully understand this AUTHORIZATION FOR MEDICAL AND/OR TREATMENT, the reasons the treatment is considered necessary, its advantages and possible complications, if any, as well as possible alternative modes of treatment. I also certify that no guarantee or assurance has been made as to results that may be obtained. Further I assume financial responsibility for all charges incurred to patient plus any amounts incidental to collection such charges and consent to release of medical information.

Signature of owner or responsible agent _____

Phone Number (____) ____-_____