

Patient Name \_\_\_\_\_  
File Number \_\_\_\_\_

It is our priority to provide the best healthcare possible for your pet. By signing this form I do authorize the doctor to perform all necessary procedures and life saving techniques in the event of any life threatening emergency until I can be contacted. Also, I understand that if the doctors find additional treatment necessary beyond what I was initially quoted, I will be contacted by phone prior to such procedures/treatments being performed.

I \_\_\_\_\_, authorize the doctors and staff of Dacula Animal Hospital to treat my pet on this day \_\_\_\_\_ for the duration of their stay and hereby agree to the terms set fourth above.

For your convenience and ours we ask that you provide any current/relevant contact information where we can reach you when necessary.

If address has changed recently or will shortly please include that information as well so that we may keep accurate records. (Address Information) \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Contact \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_