

**Northside Animal Hospital
Treatment Authorization Form**

Client Name_____

Client Address_____

Client Phone : Home_____ **Cell**_____ **Work**_____

I, _____ authorize the following person(s)

Name_____ **Phone numbers**_____

Name_____ **Phone numbers**_____

Name_____ **Phone numbers**_____

to make all necessary medical decisions regarding any or all of my animals listed below. This includes but is not limited to medications, boarding, treatment, anesthesia and if necessary euthanasia. This form waives any and all legal responsibilities on the part of Northside Animal Hospital regarding any decision made by the animal's assigned representative. This form also releases Agents of the Northside Animal Hospital from any injuries, losses, damages, costs and expenses from every possible cause and description unless inflicted intentionally or recklessly by the Agents of Northside Animal Hospital.

In signing, I give the above mentioned person(s) authorization to make any and all necessary medical decisions regarding my pets. I understand that I will be fully responsible for payment for all services when provided. The total cost of services is not to exceed \$_____.

This authorization shall be in effect from (date)_____ to (date)_____.

Signed: _____ Date_____.

Northside Animal Hospital Representative: _____ Date_____

Animal(s) Name(s): _____

