

KAUAI VETERINARY CLINIC
1864 HALEUKANA STREET
LIHUE, HI 96766
(808) 245-4748

TREATMENT AUTHORIZATION FORM

CLIENT NAME: _____
PATIENT NAME: _____ **BREED:** _____ **SEX:** _____

I, the undersigned owner, or authorized agent of the owner certify that **I am/I am not** (circle one) over **eighteen** years of age, and hereby consent to the examination of this pet by the Doctors and staff of Kauai Veterinary Clinic. I also agree that after consultation with me, the doctor may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on this animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian *before* the procedure is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital staff has my permission to provide such treatment and I agree to pay for all related fees. I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care *before services are rendered* and during this animal's ongoing medical treatment.

If this animal is hospitalized, I agree to *pay a deposit of 50% of the estimated fees* and assume financial responsibility for the balance of all services rendered on a *Cash, Visa or Master Card, or Local Check* basis at the time the pet is discharged from the clinic.

I further agree that either I, or an authorized agent of mine, will pick up this pet and pay for all accrued charges after receiving written or oral notification that this animal is ready to be released from the clinic. I agree that if I fail to comply with this policy, Kauai Veterinary Clinic may handle this abandonment in the best interests of the animal and I will be responsible for all fees incurred.

Signature of Owner or Authorized Agent

Date

I can be reached at these numbers:

(____) ____ - _____ OR (____) ____ - _____

Revised 9/2012