

EMERGENCY CARE AND CONSENT FOR TREATMENT RELEASE

In the event of an emergency, I _____, authorize Bailey Veterinary Clinic to administer whatever care and/or medications necessary to treat my animals.

I authorize services/care/medications up to a monetary limit of \$_____per animal. I will assume full responsibility for payment of all services rendered.

I appoint the following individuals as authorized representatives to make treatment decisions in my absence:

Caretaker _____ phone# _____

Caretaker _____ phone# _____

Caretaker _____ phone# _____

Please notate any special instructions on the back of this sheet

Please Print

Name _____ Date _____

Address _____

Home # _____ Cell _____ Other _____

E-mail _____

Credit Card # _____ Exp Date _____

Billing Zip Code _____ 3-digit # on back _____

Signature _____ Acct# _____