

## TREATMENT AUTHORIZATION



**AMC OF GARNER**  
**VETERINARY HOSPITAL**  
MODERN MEDICINE, LIKE FAMILY

Patient: \_\_\_\_\_

Client: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client #: \_\_\_\_\_

Procedure: \_\_\_\_\_

Admitted By: \_\_\_\_\_

Please leave at least one contact number where you can be reached today.

Contact Name	Phone Number	Circle One
_____	_____	<b>Home Work Cell</b>
_____	_____	<b>Home Work Cell</b>

**Please read and initial each of the following:**

I authorize AMC of Garner Veterinary Hospital, its doctors and staff, to administer such treatments and to perform such procedures that are considered therapeutically and diagnostically necessary for the care of my pet.

In the event that emergency treatment is required and I cannot be reached:  
 \_\_\_\_\_ I authorize the doctors and staff to perform such medical and surgical treatments as is necessary to preserve the life of my pet until I can be contacted. I understand that no guarantee of successful treatment can be made.

\_\_\_\_\_ I DO NOT authorize the doctors and staff to perform such medical and surgical treatments as is necessary to preserve the life of my pet until I can be contacted.

Anesthesia may be required for surgical, dental and some medical procedures. AMC of Garner will take every precaution to ensure a safe outcome. This will include pre-anesthetic examination, recent pre-anesthetic lab work and individually tailored anesthetic protocols. Pre-anesthetic lab work includes an organ chemistry panel, complete blood count and electrolytes panel, and is required to undergo anesthesia. I understand that despite these precaution there is inherent risk with anesthesia which could lead to complications.

I accept financial responsibility for the treatment of the above named patient and understand that payment is due in full upon release from the hospital or when the services are otherwise terminated. I realize that in many cases it is impossible to determine the full extent of treatment required. Cost of services discussed prior to treatment are estimates. Actual costs may be higher or lower than estimates provided.

I acknowledge that AMC of Garner Veterinary Hospital is staffed during the following hours and staffing during other hours is intermittent:

**Monday-Friday: 7:30 AM-6:00 PM**

**Saturday: 8:00 AM—12:00 PM**

I have read and understand this form:

\_\_\_\_\_  
 Signature of Owner/Responsible Party

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date