

# CLUB PET

## Authorization for Emergency medical Treatment

The undersigned Owner, or authorized agent, of the pet(s) named \_\_\_\_\_  
Hereby authorizes a licensed veterinarian, and whoever may be designated as assistants, to administer such treatments and to perform such procedures as are considered therapeutically or diagnostically for the care of my animal, including the administration of anesthesia.

In the event that emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of my pet(s) until I can be contacted for further authorization.

I understand that no guarantee of successful treatment is made. I accept full financial responsibility for the treatment of my pet(s), and I understand that payment in full is due upon release of the pet(s) from the veterinarian hospital, or when service is otherwise finished or discontinued. I understand that I am entitled to a written estimate of charges at my request.

I certify that I have read and fully understand this authorization for emergency medical treatment, the reasons why such treatment is considered necessary, as well as the advantages and possible complications.

I hereby release Club Pet Resorts and all staff from any and all claims arising out of such an emergency situation.

**I Represent That I Have Made Full Disclosure And Have Read, Understand, And Accept The Terms And Conditions States In The Agreement, And Acknowledge That This Agreement Shall Be Effective And Binding Upon The Parties.**

OWNER (S) \_\_\_\_\_ DATE \_\_\_\_\_

**OR**

I decline any and all treatment from a licensed Veterinarian and/or Emergency center staff for my pet \_\_\_\_\_

OWNER \_\_\_\_\_ DATE \_\_\_\_\_