

Authorization to Treat



I, _____, do hereby authorize _____, to make medical and health care decisions for my pet(s) in my absence. In the event of an emergency, I understand that Ladera Ranch Animal Hospital (LRAH) will attempt to contact me at the phone number(s) provided; however, I understand that if I cannot be reached within a reasonable amount of time (as determined by LRAH based on urgency of medical care), I authorize LRAH to treat my pet however is deemed necessary for its health and well-being. Furthermore, I acknowledge that payment for any and all expenses will be due at time of service.

_____ Please treat my pet as required, you do not have to call me.

_____ Perform only emergency treatment, notify me for permission for further treatment.

Name: _____ Date: _____

Signature: _____

Owner's Contact Phone Number(s): _____

Phone Number(s) of person(s) authorized to make medical decisions:

In the unlikely event that your pet is facing an urgent and immediate life-threatening condition, we will do everything in our power to ensure his or her continued comfort. If your wishes are a humane end to their suffering, please initial below.

_____ Yes, if the doctor feels that
recovery is not possible

_____ No, please keep my pet
comfortable until I return