

*Taos Veterinary Clinic P.C.
PO Box 2678
Taos, New Mexico 87571
(575) 758-7310*

MEDICAL, SURGICAL AND HOSPITALIZATION AUTHORIZATION

I hereby consent and authorize the veterinarians and staff of Taos Veterinary Clinic, P.C. to receive, prescribe for, treat, or operate upon my animal(s).

You are to use all reasonable precautions against injury, escape or destruction of the animal(s), but you will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment or safekeeping of the animal(s) named below, or otherwise in connection therewith, as it is thoroughly understood that I assume all risks.

Financial responsibility for services rendered is due at the time of discharge.

In the event a medical or surgical condition arises and the client is not available for consultation, we will perform "best medicine" procedure on behalf of the patient.

I also understand that Taos Veterinary Clinic, P.C. is not staffed twenty-four (24) hours a day and after hour treatment of patients is at the discretion of the veterinarian.

Owner's Signature: _____

Printed Signature: _____

Names of Animals: _____

Dated: _____