



VETERINARY HOSPITAL
www.centercityvet.com

Caregiver Consent Form for Medical Treatment

I, _____, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatments by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical, surgical or emergency care of my pet, _____.
(Pet's Name)

I further give my consent to _____,
("Caregiver") – Full Name
whom will be caring for my dependent for the period _____ through _____,
to arrange for routine or emergency medical and/or dental care and treatment necessary to preserve the health of my pet.

In making medical decisions on my behalf for the benefit of my pet, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to the caregiver to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my pet, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my pet's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my pet and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my pet during this period.

- I will allow treatment costs up to \$500
- I will allow treatment costs up to \$1000
- I will allow any and all treatment costs

Name of Pet Owner

Home Address

Primary Phone

Secondary Phone

Away Address

Away Phone

Caregiver Name

Caregiver Phone

Pet Name

Species/Breed

Current Medications

Pet Insurance Provider/Policy Number