



CORONADO VETERINARY HOSPITAL
CONSENT FOR VETERINARY TREATMENT

I, (owner) _____ give (caretaker) _____ permission to seek medical services for my pet(s) while under his/her care in my absence.

(caretaker) _____ will be providing care for my pet(s) starting the date of _____ and ending the date of _____.

In the event that veterinary services are required I authorize (caretaker) _____ to take my pet(s) to Coronado Veterinary Hospital and am giving my full consent for the Veterinarians and staff to provide care and treatment as needed for my pet(s) well-being.

I understand that the **ONLY** efforts that will be made to contact me by the veterinarian(s) and/or staff is if a life altering decision should be need to be made. If I cannot be reached, (caretaker) _____ is authorized to make any and all decisions concerning the treatment of my pet(s) health and any aftercare required.

In the event that the veterinarian(s) must determine my pet(s) "quality of life", I give full authorization for the veterinarian(s) to do so and will not hold them or their staff responsible for the loss of my pet(s) as a result of such determination.

Pet Name(s): _____

Caretaker Name: _____ Phone #: _____

Owner Name (printed): _____ Phone #: _____

Owner Signature: _____ Date: _____