

Village Veterinary Hospital

236 36th Street

Bellingham, WA 98225

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Consent of Treatment by Owner

I, _____ hereby authorize the following people to present my pet(s) for treatment in my absence should an injury or illness occur to my pet(s) that requires veterinary care. This includes any medical treatments, anesthesia consents, or surgical procedures, and to sign for charges; with fees: not to exceed \$ _____ Or: **whatever necessary** _____. I will provide the following people with a method of payment (Cash, Check (Personal or Bank), Visa, Master Card, American Express (Please have the number, type of card and expiration date, this can always be left in our care) or Care Credit) to pay the bill at the time of service.

I authorize any veterinarian to provide my pet with veterinary care and essential medical service.
I do _____ **I do not** _____ (check one) authorize **intensive** medical efforts for my pet.

In the event the attending veterinarian determines that my pet is suffering and/or is incurably injured, **I give my consent** _____ **I do not give my consent** _____ (check one) for euthanasia. (Understand, IF the health is this critical, we will try everything in our power to get in contact with you before any decisions are made.)

I will be able to be reached at:

Place: _____, phone: _____.

Place: _____, phone: _____.

Authorized caretakers:

Pet Caretaker #1 _____ Phone: _____

Pet Caretaker #2 _____ Phone: _____

Signature of Owner: _____ Date: _____

Signature of Caretaker: _____ Date: _____

Date of Departure: _____ Return Date: _____