

Duval Animal Hospital 1060 W Beta Street Ste 196 Green Valley, AZ 85614 520-393-6357



Absentee Authorization

I, _____ will be out of town, or otherwise indisposed between the dates _____ and _____. During this time, my pets will be in the care of _____ who can be reached at phone number _____.

I can be reached at this number: _____

In the event of an emergency, I authorize all lifesaving measures to be performed at the Doctors' discretion. _____ (Please Initial)

Descriptions:

Name _____ Breed _____ Sex ____ Age ____ Color _____

Name _____ Breed _____ Sex ____ Age ____ Color _____

Name _____ Breed _____ Sex ____ Age ____ Color _____

Name _____ Breed _____ Sex ____ Age ____ Color _____

Name _____ Breed _____ Sex ____ Age ____ Color _____

Name _____ Breed _____ Sex ____ Age ____ Color _____

Signed: _____ Date: _____

Treatment Plan

I, _____, hereby give permission to Duval Animal Hospital to administer medical treatment to my pet, _____, in the event of injury/and or illness. By signing this document, I am agreeing to pay for any medical services rendered that fall under the care I have selected. I have been made aware that in case of medical emergency, lifesaving medical treatment will be provided to make my pet stable until I can be further contacted for further permission to treat.

Duval Animal Hospital will take the necessary precautions to keep my pet safe and healthy while in their care. I understand that injuries and illnesses can still occur, and I will not hold Duval Animal Hospital responsible for any injuries or illness my pet may incur while in their care.

Below is the listed treatment plan I have selected for my pet. I agree to the terms set forth and will alert Duval staff if I would like to make any changes to this agreement prior to my pet's treatment. Any medical treatment costs will be due at the time of service.

Please select one:

- I would like to be contacted with an estimate before any medical treatment is provided. In the case where I cannot be contacted, I give permission to my emergency contact to make medical and financial decisions on my behalf.

- Please treat my pet up to \$_____. Any additional charges must be approved by myself or approved emergency contact.

Print Name:
Signature:
Phone Number:
Emergency Contact Name:
Emergency Contact Number:

****Please be advised that we do not have 24hour supervision in our facility****