

**TREATMENT AND SURGICAL AUTHORIZATION**

Date:

Name of Owner/Agent:

Name of Animal:

I am the (owner) (agent) of \_\_\_\_\_. I legally authorize the doctors and staff of Mt. Pleasant Animal Clinic to perform the following procedures:

1.)

2.)

3.)

4.)

5.)

6.) Other procedures, treatments, and medications as deemed appropriate by the doctors. I understand these may incur extra charges. I authorize the extra charges. \_\_\_\_\_

I understand that there are risks to the life and health of this patient from the medicines, the treatments, and the surgical procedures. I understand there are no guarantees regarding cures, improvements, or recoveries. I will not hold the doctors or staff liable or responsible for adverse events or developments. \_\_\_\_\_

I understand that age, obesity, pregnancy, estrus, infection, or other health issues may increase the risk of spay/neuter surgeries, which may incur significant extra charges. I authorize the extra charges. \_\_\_\_\_

I can be reached at the following telephone number: \_\_\_\_\_

I intend to pay by (Check) (Credit Card) (Cash)

Signature: