



CORONADO VETERINARY HOSPITAL
CONSENT FOR VETERINARY TREATMENT

Please enter the required information below:

1. Pet Name: _____ Sex: M F Breed: _____ Color: _____
2. Pet Name: _____ Sex: M F Breed: _____ Color: _____
3. Pet Name: _____ Sex: M F Breed: _____ Color: _____
4. Pet Name: _____ Sex: M F Breed: _____ Color: _____

Caretaker Name: _____ Phone #: _____

Starting Date: _____ Ending Date: _____

I, the undersigned, give permission to the above named caretaker to seek medical services for my pet(s), named above, while under his/her care in my absence. In the event that veterinary services are required I authorize the caretaker to seek medical treatment for my pet(s) at Coronado Veterinary Hospital and am giving my full consent to 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 need to be made. If I cannot be reached, the caretaker is authorized to make any and all decisions concerning medically necessary euthanasia and any aftercare required. In the event that the caretaker cannot be reached and the veterinarian must determine whether or not to euthanize, I give full authorization to the veterinarian to do so and will not hold them or their staff responsible for the euthanasia of my pet(s) as a result of such determination.

By signing below, I certify that I am the legal owner of the pet(s) listed above, and understand the I am giving the above named caretaker responsibility of my pet(s) and Coronado Veterinary Hospital will not be responsible for the decisions made by that caretaker regarding my pet(s) health care.

Owner Name (printed): _____ Phone #(s): _____

Owner Signature: _____ Date: _____