

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned owner or authorized agent of the animal named

_____ hereby authorize a licensed veterinarian, and whomever may be designated as his assistants, to administer such treatments and to perform such procedures as are considered therapeutically or diagnostically necessary for the care of said animal, including administration of anesthesia.

In the event that emergency treatment is required, I authorize the veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of the patient until I can be contacted for further authorization.

I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of the above-named patient, and I understand that payment in full is due upon release of the patient, or when service is otherwise terminated.

I understand that I am entitled to a written estimate of charges at my request. I certify that I have read and fully understand this authorization for emergency medical treatment, the reasons why such treatment is considered necessary, as well as the advantages and possible complications.

I hereby release Club Belly Rub, LLC from any and all claims arising out of such an emergency situation.

Signature: _____

Date: _____