

Frisco Animal Hospital

970-668-5544

Pet Sitter Consent Form

If any of my animals become ill, _____ is authorized to take them to Frisco Animal Hospital or any veterinarian that works with them on an emergency basis to diagnose their condition. The veterinarian or a representative of the hospital is to call me for authorization to treat. If it is an emergency and/or I am unavailable, the veterinarian is authorized to treat my animal at his/her discretion.

The charges for any vet visit or treatment will be paid in full at the time services are rendered. I authorize him/her to charge up to \$_____ for treatment on the credit card listed below.

Credit Card Type: Visa Mastercard Discover American Express Care Credit

Name on Card: _____

CC #: _____

Exp. Date: _____

Billing Address and Zip Code for Card: _____

In the event that medical treatment is going to exceed the above amount. Please initial one below:

_____ If I am unable to be reached I would like the medical team to perform what the doctor feels is necessary including but not limited to Cardio-Pulmonary Resuscitation (CPR). I understand, I will be financially responsible for any and all additional costs.

_____ If I am unable to be reached I would like the medical team to stop all further procedures and Do Not Resuscitate (DNR) my animal should my animal require it.

_____ Owners Special Instructions: _____

Owners Number: _____ Email Address: _____