

Please Initial and Sign the Following Authorization for Treatment:

_____ I hereby authorize the staff of Bixby Animal Clinic to render any treatment which is deemed necessary to my pet(s) health while in custody of the hospital.

_____ I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment.

_____ I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person, over the phone, or through email.

_____ I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital. (We do not offer payment plans)

X _____ **Date:** _____ **X** _____ **Date:** _____

Signature of:
(Please Circle one)

Owner

Agent

Good Samaritan

Signature of Spouse (if applicable)