



## West Salem Animal Clinic Consent to Treat While You Are Away Boarding

Owner: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

Pet(s) to be boarded: \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Absence: \_\_\_\_\_

Emergency Contact:

\_\_\_\_\_  
\_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should an injury or illness occur to my pet(s) that requires veterinary care during my absence, I authorize the caretaker to act as my agent in procuring essential medical care, not to exceed \$ \_\_\_\_\_. I give the veterinarians of the West Salem Animal Clinic permission to render any medical care needed during my pet's stay, including vaccinations and flea treatment, and understand I will be responsible for any expenses incurred. I understand that all fees are due upon release of pet. I authorize West Salem Animal Clinic to provide veterinary care as they deem necessary.

Should the unanticipated need arise for life saving measures I give permission for WSAC to perform CPR and any and all life-saving procedures understanding that there is a fee associated with this.

Initial: \_\_\_\_\_

**OR**

I need to be contacted before WSAC performs **extensive** life-saving procedures and do not want my pet resuscitated. Understanding that if I am unavailable to be contacted I allow West Salem Animal Clinic to make decisions regarding my pet.

Initial: \_\_\_\_\_

Client or Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_