Emergency Treatment Authorization

If all attempts to contact me have been made and I cannot be reached, I choose one of the following options:

☐ I give Hamilton Plaza Animal Hospital permission to treat my pet up to the amount listed below. I understand that an examination is $68.

Maximum authorized amount: $_____

☐ I give Hamilton Plaza Animal Hospital permission to treat my pet as deemed medically necessary. I understand that I am responsible for all charges incurred.

Client Signature: _____

Primary Contact Number: _____

If an emergency or medical issue occurs and I cannot be reached, the following person may make medical decisions for my pet:

Alternate Contact Name: _____

Alternate Contact Phone: _____
