CLIENT ACKNOWLEDGEMENTS

1. Although my pet is not undergoing anesthesia, I understand that my pet’s condition and unforeseen circumstances may require that my pet receives life-saving emergency medical care. I consent to the administration of anesthetics and surgical intervention, if necessary. I realize even the most successful cardiopulmonary resuscitation (CPR) may take multiple days of intensive care and that such care can bring considerable expense.

Should my pet require resuscitation, my instructions are as follows:

- YES, resuscitate as needed
- NO, Do NOT resuscitate

2. I am authorizing my pet to receive physiotherapy treatment. This may include acupuncture, manual therapy, hydrotherapy, muscle stimulation, and/or therapeutic exercises. If I have questions regarding the treatment plan or the risks and benefits of procedures, I will discuss them with the doctor.

3. I understand that medicine is not an exact science, and as such, no guarantee can or will be made regarding the results of treatment or overall prognosis for my pet’s condition(s).

4. I consent to the release of my pet’s medical records to my family veterinarian for the purpose of continuous care and sharing ongoing health information about my pet.

5. I assume responsibility for all charges and understand any remaining balances are to be paid in full upon release of my pet.

AUTHORIZATION

The above policies have been explained to me and any questions that I may have regarding such policies have been answered. I hereby authorize the doctors and assistants on duty to administer treatment as is considered therapeutically and/or diagnostically necessary on the basis of their findings. I consent to the administration of anesthetics and surgical intervention, if necessary. I consent to the release of medical information and authorize direct payment to WestVet for all services performed.

Owner Signature: __________________________________ Date: _______________

Owner printed name: __________________________________________

WestVet witness signature: __________________________________ Date: _______________