



# VETERINARY CARE CONSENT FORM

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Client Name: \_\_\_\_\_

I hereby authorize **Belmont Shore Veterinary Hospital** to provide veterinary care for my pet(s) listed below during my absence (select one)

From \_\_\_\_\_ through \_\_\_\_\_.

Until I notify you in writing otherwise.

I give permission for the following person(s) to make decisions regarding my pets' treatment and authorize you to release my pet to said person upon the completion of his or her care: \_\_\_\_\_

## Pet Name(s) & Medications:

Name: \_\_\_\_\_ Meds: \_\_\_\_\_

Name: \_\_\_\_\_ Meds: \_\_\_\_\_

Name: \_\_\_\_\_ Meds: \_\_\_\_\_

Please note any additional information on below or on back of form:

I understand all fees are due upon release of patient and authorize all fees to be charged to my credit card.

Type of payment (circle): Visa MC Disc Amex

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

(or)

\_\_\_\_ I authorize use of the enclosed check for payment of services.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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