

## **TREATMENT AUTHORIZATION**

I authorize \_\_\_\_\_, Dr. Jeffrey R. Moll and his staff to perform medical and/or surgical procedures required for the diagnosis and treatment of \_\_\_\_\_. I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I understand that during the performance of the procedure(s) unforeseen conditions may be revealed that necessitate an extension of the scheduled procedure(s) or different procedure(s) than those originally anticipated and discussed. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I have been advised as to the nature of the procedure(s) and the risks involved. I realize that results cannot be guaranteed and my financial obligation remains regardless of the outcome. I understand that images of my pet may be used for educational, promotional or diagnostic purposes.

I understand and acknowledge that I am responsible for all fees incurred during this visit. Unless other arrangements have been made, in advance, payment is expected at the time of discharge.

I have read and understand this authorization and consent.

Payment Method  Visa/Master Card  Care Credit  Check  Cash

Date \_\_\_\_\_

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Client Signature or Authorized Representative

Emergency phone # where the Doctor can reach you today

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