

Southway Animal Clinic

Medical Release

Southway Animal Clinic is committed to the proper care of your pets while in our boarding facility. While we do not expect a problem to arise, we prefer to be prepared to pursue your wishes if an emergency should arise. Our intentions are only for the well being of you pets.

I _____, do hereby authorize the Veterinarians of Southway Animal Clinic to diagnose and treat my pet(s) _____, who is (are) boarding at Southway Animal Clinic if a situation arises in which immediate medical attention is deemed necessary. This does not include routine elective procedures which must be requested specifically.

Signed _____ Date _____

Emergency Contact : Name _____
Phone _____

Name _____
Phone _____

Limit to Expense of Emergency treatment \$ _____

(If no amount is entered then \$350 shall be the limit. If "Unlimited " is entered then monetary value will not be a consideration)