



Authorization for Emergency Medical Treatment

The undersigned owner ("Client") of the pet named _____ ("Pet") hereby authorizes **Any Licensed Vet Clinic/Hospital** to administer treatment and to perform procedures that, in its sole discretion, deems therapeutically or diagnostically necessary for the care of the Pet, including the administration of anesthesia if Client's Veterinary Hospital is unavailable.

In the event that emergency treatment is required, Client authorizes the veterinary staff to perform medical and surgical treatments necessary, in its sole discretion, to preserve the life of the Pet until the Client can be contacted for further authorization.

Client authorizes A Dog Gone Good Place ("ADGGP") and The Cat's Meow ("TCM") to transport, care for, and make any decisions in regards to treatment for the Pet until the Client can be contacted for further authorization.

Client accepts full financial responsibility for the treatment of the Pet, and Client must promptly and fully pay any outstanding medical bills on release of the Pet from the veterinary hospital. Client must promptly and fully reimburse ADGGP and TCM for any medical costs and expenses incurred by ADGGP and TCM on behalf of the Client and the Pet.

Client hereby acknowledges that Client has read and signed the Waiver of Risk and Release of Liability ("Liability Release") and that the terms of that Liability Release are hereby incorporated into this document, including the release of all Claims arising out of or related to an emergency situation.

Client hereby acknowledges that he or she has read and fully understands this agreement, the reasons why such treatment may be considered necessary, as well as the advantages and possible complications. Client has carefully read this Liability Release, understands all of its terms, and Client intends to be legally bound by this document.

Client's Signature:

Date:

