



# Treatment Authorization

Client's Name: \_\_\_\_\_ Cat's Name: \_\_\_\_\_

Phone Number/Email address	Available Times

Please name an authorized agent who we can contact in an emergency if you cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

If you wish us to release your cat to another person, please inform us of that person's identity:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please read and acknowledge by INITIALING each statement below:**

\_\_\_\_\_ All cats admitted for treatment will receive a complimentary nail trim.  
Or, if you wish to decline, please initial here: NAIL TRIM DECLINED: \_\_\_\_\_

\_\_\_\_\_ All cats will be checked for evidence of fleas and ticks on admission and if necessary treated at owner's expense.

\_\_\_\_\_ In the event that an unanticipated need for additional procedures or services (e.g. extractions of teeth, biopsies of abnormal tissues, etc.) occurs, a reasonable effort will be made to contact the owner using the contact information provided above. I understand that if I cannot be contacted, that only those procedures that cannot be practically delayed until a future date will be performed, and that this may mean that my cat may need to have another procedure at a future date at my expense.

**Please list any/all medications your cat takes below, including their dosages and instructions**

Medication Name	Dosage Amount	Dosage Instructions	Time Last Given?

**We recommend that all cats have a means of permanent identification, such as a microchip implanted under the skin, to help locate a lost cat's owners. If your cat does not have a microchip, do you wish to have one implanted today? Yes  No**

I am the owner or authorized agent of the owner of the cat described above. I consent to and authorize the Cat Hospital At Towson (CHAT) to perform diagnostic, therapeutic, anesthetic, emergency, and surgical procedures as are necessary and advisable for the treatment and maintenance of my cat's health and well being. I understand that with any procedure or treatment there are risks that may not be predictable, including death, and I accept these risks. While I expect all procedures to be performed to the best of the abilities of the staff, I acknowledge that no guarantee or warranty regarding the outcome or results of any treatment has been given. If I am unable to be reached with reasonable effort, I consent to and authorize the veterinarians to proceed with treatment, including the use of anesthesia, as deemed necessary for the health of my cat. I acknowledge that hair may be shaved or clipped as necessary to facilitate treatment. I expect that reasonable precautions will be used to ensure my cat's safety and well being while in CHAT's care, and I agree to pay in full for all services provided at the time of discharge.

I authorize the doctors and staff to perform veterinary services as requested or in emergency circumstances to follow-through with such procedures as are necessary for the well being of my cat.

Signature of owner or authorized agent: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_