

GREENBELT VETERINARY HOSPITAL

Tom W. Green, DVM ~ Kristina McConaughey, DVM

Jennifer Johnson, DVM ~ Steve Betton, DVM

I hereby authorize and consent for the veterinarians of Greenbelt Veterinary Hospital to examine, prescribe for, treat, perform diagnostic procedures, anesthetize and/or operate on

and to perform the following procedures: _____

My pet is currently on the following listed medications: _____

Please continue the above listed medications during my pet's stay at Greenbelt Veterinary Hospital.

- listed medications brought from home refill listed medications as necessary

The nature of the procedure(s) has been explained to me and no guarantee has been made to me as to results of cure. I understand that there are risks involved in medical procedures and that unforeseen circumstances may necessitate unplanned emergency procedures. I authorize the doctors at Greenbelt Veterinary Hospital to perform any and all procedures that they deem necessary for the benefit of my pet.

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications of unforeseen circumstances.

I understand that all charges must be paid in full before my pet will be released from this hospital.

I have read the above conditions and agree to them.

x _____ Date: _____

Signature of owner or duly authorized agent

During the hospitalization of my pet, please direct all phone calls for status reports and/or authorizations for additional medical and/or surgical procedures to:

Name: _____

Phone: _____

Alternate Name: _____

Alternate Phone: _____

5000 N. Midkiff, Midland, TX 79705 ~ 432.520.4150 ~ Fax 432.699.4772