

Myhre Equine Clinic

Authorization For Medical and/or Surgical Treatment

I authorize and direct the veterinarians of Myhre Equine Clinic to do such diagnostic and treatment procedures as deemed necessary or advisable for my animal.

The nature of the procedure has been explained to me and no guarantee has been made to the results or cure. I fully understand that there may be risks to such procedures.

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

I understand that this hospital is not a 24-hour facility and is not regularly staffed after hours.

Date _____

Procedure(s) _____

Patient Name _____ Client Name _____

Phone: home _____ work _____ cell _____

Estimate _____

X _____

Owner/ Guardian Signature

X _____

Witness