



Cypress Creek Animal Hospital Client Treatment Authorization Form

I give informed consent to Cypress Creek Animal Hospital to perform the discussed treatments and services while my pet is under their care. My pet will also be examined for external parasites (fleas/ticks) upon their arrival and if any are found, he/she pet will be treated at my expense.

I agree to be responsible for any charges incurred while my pet is in the care of Cypress Creek Animal Hospital and that payment is due at the time of discharge from the hospital.

Owners Name: _____

Pets Name: _____

Breed: _____ **Sex:** _____ **Color:** _____

Treatment:

Vaccination Records:

Contact Information:

Alternate Contact:

In the event I cannot be reached, the above-named person has my authority to make medical and financial decisions regarding my pet.

SOCIAL MEDIA: YES / NO I consent to allow Cypress Creek Animal Hospital to use my pet's picture and name on or in Cypress Creek Animal Care's social media (Facebook, Instagram, etc.).

Signature: _____ **Date:** _____

Note: A \$300 deposit may be required for new patients or ill patients requiring treatment before they can be left in our care. If the actual cost of treatment is less than this amount, the remaining amount will be credited back to you upon pickup of your pet.