



Emergency Consent Form

Owner of Pet: _____

Name of Pet: _____

This is to authorize mountain mobile veterinary service to triage and perform initial stabilization procedures for your pet. The charge for the initial evaluation is \$350. Once this is done, a doctor will discuss with you your pet's condition and make recommendations for further diagnostic and/or treatment procedures. They will also discuss with you all additional fees.

Consent

I authorize the use of appropriate anesthetics and other medications. I accept that any procedure has its risks including the possibility of death and I understand that the results are not guaranteed. I release Dr. Fitzpatrick, Dr. Wheeler, and MMVS of all liability due to unforeseen complications.

I understand that there may be additional charges beyond the initial deposit of \$350.

I am the owner or the agent for the owner of this pet and have the authority to execute this consent. I understand and consent to the terms of this form.

Signature: _____ Date: _____

Phone # : _____

Please be aware that we will use this number for communications about your pet today, so please put your mobile number at which we can best reach you during this exam.

OVER



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____
Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD)

I authorize **Mountain Mobile Veterinary and Animal Hospital Center** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____
Dated: _____

Name: _____

By Initialing here _____ you authorize **Mountain Mobile Veterinary and Animal Hospital Center** to keep this card on file and charge as needed for food, medications and/or services as needed and not to exceed the amount of \$ _____. Should the amount exceed the amount list above. We will contact you for over-the-phone verbal authorization.

I do not want my card kept on file. _____