

Oxford Animal Hospital Authorization Form for

2016

Client Information: ID# {ID}**Phone Contacts:**

FULL NAME

CONTACT | PHONE:

ADDRESS

CONTACT | PHONE:

{CITY}, {STATE} {POSTALCODE}

CONTACT | PHONE:

Drivers License Information*(required to establish identity for patient care, medical purposes only)***Email Reminders:**

Would you like to receive news and other important reminders for your pet via email? If so, please list your email(s) below!

Name _____

Email: {EMAILADDRESS}

State & DL _____ DOB _____

Decline email

Medical Information (for new clients only)

Previous Hospital/Facility _____ Who may we thank for the referral: _____

City, State _____ Phone _____

Oxford Animal Hospital's purpose is to translate the unspoken needs of our patients into healthcare that will promote, preserve and protect their well being.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
(PET'S NAME) (PET'S NAME) (PET'S NAME) (PET'S NAME) (PET'S NAME)

Authorization: I am the **Owner/Agent or Responsible Party** of the above pet/pets. I authorize Oxford Animal Hospital to perform to the best of their ability any diagnostic and/or therapeutic procedures which in their opinion are necessary for the maintenance of my pet/pets health and wellbeing. I understand that no guarantee or warranty can ethically or professionally be made regarding results or cure. I also authorize the performance of **veterinary services as requested above** or in emergency circumstances, if unable to contact me. I understand that my pet will only be discharged during regular office hours and all charges are to be paid in full at the time of discharge.

* I/We, as owner's/legal guardian, hereby give Oxford Animal Hospital and their legal representatives and assigns, the right and permission to publish, without charge, photographs taken at Oxford Animal Hospital's boarding facility. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways. _____ **Initials**

Signature of Owner/Agent or Responsible Party_____
Date_____
Staff Initials

Abandonment Agreement: I agree to make complete payment at the time of discharge. I understand that if I fail to pick up my pet within ten days of notification to the address above, my pet will be considered to be abandoned and will be handled in accordance with Kansas state law, and that doing so does not relieve me of my financial obligations. **By signing above, I have read the above and I am in full agreement.**