



Caregiver Release Form

In my absence, I, _____ give permission to _____ to care for my pet, _____. I give permission to _____ to transport _____ to Mohnacky Animal Hospitals, Inc. for veterinary care and authorize Mohnacky Animal Hospitals, Inc. to give necessary care to _____ as follows:

Please initial:

___ Please treat _____ as required, you need not call me.

___ Perform only emergency (solely at the veterinarian's discretion) and supportive care. Notify me for permission to begin any other treatment.

___ Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

___ Should an *emergency* arise (again, solely at the veterinarian's discretion), I authorize the veterinary staff to treat and perform such emergency procedures as may be necessary for the health of _____ until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to _____.

I understand that any problems that develop with _____ will be treated as noted above and I assume full responsibility for the treatment expense. I may be reached at the following telephone number, _____.

I, _____, hereby give _____ my permission to use my credit card, check, or other form of payment in order to pay for services rendered by Mohnacky Animal Hospitals, Inc., in order to provide veterinary care for _____.

Credit card (Circle): MC / Visa / Discover / Amex

Card Number: _____ Expiration: _____

I authorize Mohnacky Animal Hospitals, Inc. to charge my credit card (specified above) the full amount of the service.

Client/ Owner Signature Date

Print Owner Name Date

Caregiver/Agent Signature Date

Print Caregiver/Agent Name Date

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