

Caregiver Consent Form

(Optional)



The purpose of this form is for you to approve any persons other than yourself and the co-owner listed on your account (ie spouse/partner, parent, adult child, etc) to bring your pet(s) in for services to be performed by River City Veterinary Hospital.

I, _____, hereby appoint any authorized agent listed below as my attorney and agent to make any and all decisions for me concerning the care, medical treatment, hospitalization, and other veterinary medical decisions for my animal(s). I accept financial responsibility for the actions/decisions of my authorized agent and agree to pay any and all costs of care rendered by River City Veterinary Hospital or its employees that were authorized by my agent. I hereby release and hold harmless River City Veterinary Hospital and its employees from any and all liability for any action or omission taken at the direction of any of my authorized agents.

This consent shall remain valid until I expressly revoke it in writing.

Authorized Agent # 1

Name _____

Contact # _____

Relationship to owner _____

Authorized Agent # 2

Name _____

Contact # _____

Relationship to owner _____

Authorized Agent # 3

Name _____

Contact # _____

Relationship to owner _____

Authorized Agent # 4

Name _____

Contact # _____

Relationship to owner _____

In the circumstance that someone other than myself or an authorized agent needs to bring my pet(s) in for care, I agree to be available by phone immediately upon their arrival and throughout my animal's appointment at River City Veterinary Hospital and understand that no treatments will be administered until my consent is given.

I understand that payment is due at time of service, whether my pet is brought in by myself or by an authorized agent.

Signature _____ Date _____

Printed Name _____