

CHATFIELD VETERINARY HOSPITAL

Emergency Contact Information

Your emergency contact should be someone local and someone other than yourself.

Emergency Contact Name: _____
Emergency Contact Phone #: _____
Emergency Contact Email (if applicable): _____

I understand that in the event of an emergency, Chatfield Veterinary Hospital will make every attempt to contact me. If Chatfield Veterinary Hospital is unable to reach me, I authorize the following:

(initial) In the event of illness or injury, I authorize Chatfield Veterinary Hospital to provide appropriate medical treatment for my pet. However, in the event Chatfield Veterinary Hospital is unable to provide the required treatment, I authorize them to seek treatment at any veterinary clinic or hospital. Furthermore, I agree to reimburse Chatfield Veterinary Hospital within 14 days of incident for all veterinary fees and related costs.

MEDICAL CARE POLICY:

(Please choose one of the following options. If you have multiple pets boarding with us, this Medical Care Policy covers all of the pets.)

Option 1: If my pet(s) becomes ill or is injured during his/her stay, I authorize Chatfield Veterinary Hospital to perform whatever services the doctors deem necessary for the best care of my pet(s). If the cost is going to exceed \$ _____ **for each individual pet**, further authorization by owner or authorized agent must be given.

Please contact me at:

Phone #1: _____, **Phone #2:** _____

Email: _____

OR

Option 2: If my pet(s) become ill or injured during his/her stay, I wish to be called prior to Chatfield Veterinary Hospital performing any services for my pet(s).

Please contact me at:

Phone #1: _____, **Phone #2:** _____

Email: _____

This release does not expire and will remain valid for all future Chatfield Veterinary Hospital services.

Owner's Printed Name: _____

Owner's Signature: _____

Date Signed: _____



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