

***Hurley Veterinary Hospital
509 Hurley Avenue
Hurley, NY 12443
(845) 331-7100***

**Consent for medical care
in client's absence.**

Help us to help your pet(s)
without delaying necessary treatment.

Date: _____

Client full name: _____

Address: _____

Telephone # _____

Emergency Contact # _____

I _____ Authorize _____ To bring my pet(s)
to the "Hurley Veterinary Hospital" for medical care in my absence. In addition I agree to
pay for all services rendered necessary by the treating veterinarian in the best interest of
my pet(s).

I authorize credit card payment: Please circle one. Mastercard / Visa /
Discover/American Express/Care Credit

I authorize: Please circle one. Cash / Check payment.

Credit card # _____

Client Signature: _____