

# Authorization for Medical and/or Surgical Treatment

I, the undersigned owner or owner's representative, hereby authorize the professional staff of Cincinnati Animal Medical Center to administer such treatment and/or surgical procedures as considered therapeutically and/or diagnostically necessary on the basis of findings during the course of evaluation, including the administration of such anesthetics as are deemed necessary.

I also certify that no guarantee or assurance has been made as to results that may be obtained.

I assume financial responsibility for all charges incurred to patient and consent to the release of medical information.

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Signature of Owner or Responsible Party