

## Treatment Consent Form

**Owner's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

**Animal's Name** \_\_\_\_\_ Breed \_\_\_\_\_ Sex/ALTERED \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_

I, being responsible for the described animal, have the authority to grant my consent to receive, prescribe and treat my pet. Further, I accept full financial responsibility for authorized medical treatments. I also authorize AAC to fax my animal's records to my regular veterinarian.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

### AUTHORIZATION FOR RELEASE OF RECORDS

UNDER KENTUCKY LAW, WE MUST HAVE A RELEASE SIGNED BY YOU BEFORE ANY INFORMATION REGARDING YOUR PETS CAN BE RELEASED TO OTHERS.

PLEASE INDICATE BELOW IF YOU HAVE ANYONE THAT YOU KNOW WILL NEED INFORMATION REGARDING VACCINATION HISTORY, PET'S HEALTH STATUS, ETC. PLEASE NOTE IF YOUR PET IS HOSPITALIZED ONLY PEOPLE LISTED ON THIS FORM CAN CALL AND CHECK ON THE ANIMAL.

CO-OWNER \_\_\_\_\_

DEPENDENTS(S) \_\_\_\_\_

REGULAR VET \_\_\_\_\_

REGULAR GROOMER/ TRAINER \_\_\_\_\_

PLEASE NOTE, ONLY THE OWNER AND CO-OWNER IS AUTHORIZED TO MAKE DECISIONS REGARDING THE HEALTH CARE OF YOUR PET.

\_\_\_\_\_ I **AUTHORIZE** ADVANCED ANIMAL CARE TO USE MY PET(S) PHOTO FOR SOCIAL MEDIA OR CLINIC USE. ("LIKE" US ON FACEBOOK OR "FOLLOW" US ON TWITTER)

\_\_\_\_\_ I **DO NOT** AUTHORIZE ADVANCED ANIMAL CARE TO USE MY PET(S) PHOTO FOR SOCIAL MEDIA OR CLINIC USE.

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*PLEASE VERIFY ALL INFO ABOVE IS TRUE AND SIGN BELOW FOR EACH ADDITIONAL VISIT TO AAC\*\***

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

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