PAWS AND CLAWS MEDI CAL CENTER

3858 SW 137 AVENUE.
MIAMI, FL, 33175
(786) 361-9344
WWW.PAWSNCLAWSMIAMI.COM

AUTHORIZATION FOR TREATMENT

Owner's/Agent's Name _____

Pet's Name _____ **Date** _____

Your pet is being admitted to the hospital for evaluation of an illness. In order to prevent incorrect assumptions and miscommunications we require authorization to initiate diagnostics and treatment of your pet, as well as to obtain acceptance of your financial responsibility for the care.

Initial diagnostics and treatments for a sick patient may include laboratory analysis, radiographs, IV fluids, and/or pain management, which can run $350.00 depending on the nature of the procedures needed. This is by no means an estimate of the total charges, just an estimate of the **INITIAL** diagnostics and treatments. Your actual costs may be significantly more or less depending on the nature of the problem.

Authorization to treat means accepting the financial responsibility to pay the total bill in full upon the pet's release from the hospital. Paws and Claws Medical Center accepts Visa, MasterCard, American Express, Discover, CareCredit, and Cash. We do not have any payment plans.

Please choose among the following options:

I authorize Family Veterinary Hospital to perform an examination only and will leave a deposit of $150.00. I am aware that diagnostics and treatments will only be started after the doctor has contacted me about the results of the exam and provided me with a plan and estimate of the costs. I am aware that the low end of the estimated costs is required as an additional deposit before diagnostics and treatments can begin. I accept full responsibility for any and all consequences such delays in treatment may cause.

Owner/Agent signature
_____

OR

I authorize Family Veterinary Hospital to start diagnostics and treatment on my pet as soon as possible up to the following amount $_____ which has been paid as a deposit. Paws and Claws Medical Center will choose pain management if necessary before any other diagnostics or treatments. The doctor will call me as soon as reasonably possible with results of any diagnostics and a continued treatment plan. I understand that authorization for further treatment incurs further costs and that all payment is due upon my pet being discharged from the hospital. Family Veterinary Hospital will keep me appraised of all costs.

Owner/Agent signature _____