



## LYNDON VETERINARY CLINIC

6867 East Genesee Street  
Fayetteville, New York 13066  
(315) 445-8170  
contact@lyndonvet.com

### AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ PET NAME(S): \_\_\_\_\_

I \_\_\_\_\_, hereby authorize Dr. Eric M. Davis to administer and perform medical treatment, including humane euthanasia, or medical care as considered therapeutically and/or diagnostically necessary on the basis of any evaluation performed by Dr. Eric M. Davis in the event that I cannot be reached.

While I accept that all procedures will be done to the best of the abilities of the staff at the Lyndon Veterinary Clinic, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree not to hold the Lyndon Veterinary Clinic responsible for any adverse consequences resulting there from. Should some unexpected life-saving emergency care be required, Lyndon Veterinary Clinic has my permission to provide such treatment and I agree to pay for such services. I authorize the Lyndon Veterinary Clinic to arrange care (including examinations, treatment, medications, observation and operations) for my pet(s) \_\_\_\_\_ at an Animal Emergency Care facility if necessary, and agree to pay for such services.

*Signature of Owner or Responsible Agent* X \_\_\_\_\_

I will be available at the following numbers \_\_\_\_\_

I will be available at the following email address \_\_\_\_\_

I \_\_\_\_\_ authorize treatment based on your clinical judgment.

*Signature of Owner or Responsible Agent* X \_\_\_\_\_