

Treatment Authorization

If my pet(s) were to become ill or require medical treatment, I would be contacted as soon as possible. In the event I am not reachable, I authorize **La Jolla Veterinary Hospital** to administer any treatment or medication necessary for the well being of my pet(s).

Please mark one of the following:

Please treat my pet(s) according to the above agreement
 Do not take extensive measures costing in excess of \$ _____

Prescription medications, therapeutic diets, and pet supplies are not included on this treatment plan.

X _____
Signature Date