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Dr. Stephen Wilt, DVM
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Patient: _____ **Client:** _____ **Date:** _____

Consent for Emergency Treatment

In the event of an emergency, I, _____, hereby authorize Phoenix Animal Hospital (PAH) and its staff to treat/care for my companion as they see fit. This treatment is limited to life-saving efforts including medications, intravenous fluids, diagnostics (blood work, radiographs, etc), and in rare circumstances transfer by PAH staff to Southern Oregon Veterinary Specialty and Emergency Center in the event that a condition can not be managed at PAH.

Every attempt will be made by PAH staff to reach you, the owner or authorized person, once the emergent situation allows.

I authorized an amount of: \$_____ to be used only for emergency care of my pet. I assume full financial responsibility for all charges incurred during treatment. Payment in full is mandatory when pets are released.

Client: _____ **Date:** _____

Contact phone number while out of town: _____

Alternative/emergency contact:

Authorized Person: _____ **Phone number:** _____

