

Baker Bristol Pet Hospital

2976 Bristol Street, Costa Mesa, CA 92626
(714) 546-0010

EMERGENCY TREATMENT AUTHORIZATION FORM

Owner's Name _____ Pet's Name _____

Doctor _____ Date _____

I hereby authorize, consent, and direct **BAKER BRISTOL PET HOSPITAL**
to perform **HEROIC** and **LIFE SAVING PROCEDURES** on my pet.

I understand that the doctor will speak to me as soon as possible to inform
me of my pet's condition, but immediate treatment is necessary.

I understand that the estimate for these emergency procedures is between
\$350.00 and \$500.00. Once stable, additional treatment may be necessary.

In this case, the doctor will provide a written estimate prior to proceeding
with further treatment.

By my signature, I consent to this emergency estimate and agree to pay
these charges today.

Signature of Owner or Responsible Party