



OCEANSIDE
ANIMAL HOSPITAL
& WELLNESS CENTER

Guardian Consent

I _____ hereby give _____
Your Name *Guardian's Name*

permission to bring my pet _____ a _____
Age & Sex *Breed & Species*

to Oceanside Animal Hospital for medical care. I authorize them to make the following

decisions for _____'s care _____ Initials
Pet's Name

No decisions, call me first at _____ Initials _____

Treatment and diagnostics up to a total cost of \$ _____ Initials _____

End of life (Euthanasia, Care of Remains) Initials _____

I understand that I am financially responsible for treatment and have made arrangements for services to be paid at the time of visit via:

Guardian Payment

Phone Payment Contact Phone Number: _____

Signature *By digitally signing this form you are verifying that you are the true and rightful owner of this pet and you have full decision making authority.*

Witness *By digitally signing this form you are verifying that you are a witness to the true and rightful owner of this pet.*

