

LASSITER ANIMAL HOSPITAL
Treatment Option Form

Please select one of the following options in the event that your pet(s) is determined to have an existing medical condition when admitted, or becomes ill while staying with us. Examples of medical conditions include, but are not restricted to, skin infections, ear infections, diarrhea, or intestinal parasitism.

- () Please treat any medical condition, any expenses will be paid when I pick up my pet(s).
- () Please treat any medical condition, up to \$50, any expenses will be paid when I pick up my pet(s). If the amount exceeds \$50, please contact me at the emergency phone number.
- () Please contact me, at the emergency number, prior to any medical treatment. I understand that 2 attempts will be made at the emergency phone number to reach me. If the owner cannot be reached, maintenance treatment will be started.

We will keep this form on file and refer to it for all future boarding. If your option should change, please inform the receptionist, so we can update your pet(s) file.

Client's Signature: _____

Account Number: _____ Date: _____