



90 WEST LARAMIE DRIVE
 RENO, NV 89521
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CONSENT AND AUTHORIZATION

The purpose of this form is to allow another person (agent) to make decisions regarding the health and welfare of the animals under your ownership and also to give consent to Comstock Large Animal Hospital for specific procedures and/or treatments recommended in order to obtain a diagnosis or treat a condition.

Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____ / _____ / _____

Patient Information:

Name(s)/Color (1) _____ (2) _____ (3) _____

Age/Breed/Sex (1) _____ (2) _____ (3) _____

Stabled at: _____

Agent Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: _____ / _____ / _____

- Without directly being informed, I authorized the above mentioned agent to make all decisions regarding the health and welfare of the above named animal(s). I also give consent to the veterinarians at Comstock Large Animal Hospital to perform those procedures and/or treatments deemed necessary on the above named animal(s).
- I authorize the above mentioned agent to make decisions regarding the health and welfare of the above named animal(s); however I would like to be directly informed before any services are performed by Comstock Large Animal Hospital.
- I authorize and give consent to the veterinarian(s) at Comstock Large Animal Hospital to perform any service necessary for the health and welfare of the above named animal(s).

Regardless of the choices I have made, I will remain fully responsible for the charges for services provided by Comstock Large Animal Hospital.

Date: _____ Signature: _____

Date: _____ Agent Signature: _____