



## HELEN WOODWARD ANIMAL CENTER

### Rider's Authorization for Emergency Medical Treatment Form

In the event emergency treatment/medical aid is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize the Helen Woodward Animal Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Client's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

In the event I cannot be reached,

Contact#1: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact:#2: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

### **Please choose one of the following:**

#### **Consent Plan**

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by a physician. This provision will only be invoked if the person is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Client, Parent or Guardian

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

#### **Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client, Parent or Guardian

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_