HELEN WOODWARD ANIMAL CENTER

Participant'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.

Participant'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:_____