

Medical And Surgical Authorization

Client ID _____

I agree to allow Animal Medical Center of Hattiesburg to treat/vaccinate my pet(s) as needed. I understand that I will be responsible for the bill and any other fees (including but not limited to: NSF fees, court costs, attorney fees, credit check fees (\$10.00) and collection fees) incurred. I further understand that **PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.** I understand that if my pet is not current on vaccinations, they will be given at my expense in order for my pet to be in the facility. In the event my pet is not free of external parasites such as fleas and ticks, I understand that my pet will be treated for the parasites at my expense in order for the animal to be in the facility. I further authorize Animal Medical Center of Hattiesburg, its agents, employees, doctors and staff to perform life saving procedures in the event that I am unavailable for contact.

Print Name

Signature
(Owner/responsible party)

Date

Print Name

Signature (Spouse)

Date

Print Name (AMC Rep.)

Signature

Date

Copy of Photo ID