



Hyperbaric Oxygen Therapy **Authorization Form**

Scottsdale Veterinary Clinic
7311 E. Thomas Road
Scottsdale, AZ 85251

Owner: <last-name>, <first-name>

Client Number: <number>

Address: <address>

<city>, <st> <zip>

Phone: (<area>) <phone>

Patient Name: <animal> Species: <species> Breed: <breed>

Age: <age> Color: <color> Sex: <sex>

HBOT Session Fees: 1 Session: \$90.24 2 Sessions: \$140.24 20 Sessions: \$1122.82

Please Initial the Following:

_____ I am either the owner of <animal> or responsible for said pet and have authority to give this consent. I am at least 18 years of age. I authorize the performance of Hyperbaric Oxygen Therapy on <animal> as you determine to be indicated. <Animal> will receive an exam before the HBOT session begins. I agree to indemnify and hold Scottsdale Veterinary Clinic and its employees harmless from and against any and all liability arising out of the performance of any of the procedures referred to here.

_____ I understand that The Scottsdale Veterinary Clinic cannot guarantee a time that my pet will be available for discharge and that TSVC will ensure to communicate with me a time to pick up <animal>.

_____ <Animal> has **NOT** received a chemo drug called Doxorubicin within the last 7 days. No lotions or perfumes of any kind have been applied to <animal>. I have **NOT** applied any topical flea and tick product to <animal> within the last 24 hours.

Phone number where I can be reached today: _____

Print Client Name: _____

Client Signature: _____ Date: _____

Staff Initials: _____