

KLIMA SMALL ANIMAL CLINIC
C.N. KLIMA DVM P.S. KLIMA DVM
1210 SOUTHTOWN DRIVE
WATERLOO, IA 50702
(319) 232-3674

EMERGENCY FORM

Authorization for treatment at KLIMA SMALL ANIMAL CLINIC

I authorize Dr. Klima and their agents to perform all diagnostic and therapeutic procedures necessary for my pet's well-being and urgent medical needs. I understand that no warranty has been made as to results or cure of this animal. I also agree to be responsible for **all** charges related to this care.

Signature: _____ . Date: _____ .

CLIENT INFORMATION (please print)

Owners Name: _____ . SS#: _____ .

Address: _____ . Phone: _____ .

City/State/Zip: _____ .

Employer: _____ . Em. Phone: _____ .

Address: _____ . City: _____ .

Spouse's name: _____ . SS#: _____ .

Employer: _____ . Phone: _____ .

Address: _____ . City: _____ .

Emergency services are rendered on a cash basis. The emergency fee and all other charges must be paid in full if your pet is released at the time of service. If your pet is hospitalized, the emergency fee plus 50% of the estimated total charges must be paid.
Your initials here: _____ .

Dog: _____ . Cat: _____ . Other: _____ .

Name: _____ . Breed: _____ . Birth date: _____ .

Sex: _____ . Altered: _____ . Description: _____ .

Referred by: _____ . Phone: _____ .