



Hyperbaric Oxygen Therapy Authorization Form

GQ Veterinary Clinic
1861 E Rittenhouse Rd. Bldg. B
Queen Creek, Az 85142
Phone: 480-674-3200 / Fax: 480-674-3201
Website: www.GQvet.com

Owner: _____ Client Number: _____
Address: _____ Phone: _____
Patient Name: _____ Species: _____ Breed: _____
Age: _____ Color: _____ Sex: _____

HBOT Session Fees: 1 Session: \$111.26 2 Sessions: \$212.22
10 Session Package: \$1001.36 20 Session Package: \$1899.73

Please Initial the Following:

_____ I am either the owner of _____ 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 my pet as you determine to be indicated. My pet will receive an exam before the HBOT session begins. I agree to indemnify and hold Gilbert Queen Creek Emergency 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 Gilbert Queen Creek Emergency Veterinary Clinic cannot guarantee a time that my pet will be available for discharge and that Gilbert Queen Creek Emergency Veterinary Clinic will ensure to communicate with me a time to pick up my pet.

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

Phone number where I can be reached today: _____

Print Client Name: _____

Client Signature: _____ Date: _____

Staff Initials: _____