



BUSINESS OFFICE
43675 RYNO RD.: BROKEN BOW, NE 68822
PHONE (308) 872-6864
FAX (308) 872-2073
TOLL FREE: (888) COW-VETS (269-8387)
E-MAIL: COWVETS@CNVS.COM

Authorization to Perform Medical Treatment and/or Anesthesia

I, _____ on _____, 2018
hereby authorize Dr. Don V. Cain Jr. and/or whomever he may designate as
his assistant to treat or administer anesthesia to the animal identified below.
If any unforeseen condition arises calling upon his/her judgment for
additional or different procedures. I further request and authorize him/her to
do whatever he/she deems advisable. I further release said doctor and
his/her agents from any and all liability for performing these treatments
and/or procedures.

Animal ID#/ Name _____

Age: _____

Color: _____

Sex: _____

Breed: _____

Owner Signature _____

CNVS Witness: _____