



**G**ilbert  
**Q**ueen  
**C**reek  
Emergency  
Veterinarian

Gilbert Queen Creek Emergency Veterinarian  
18610 E. Rittenhouse Rd. Bldg. B  
Queen Creek, AZ 85142  
Phone: 480-674-3200 / Fax: 480-674-3201  
Website: [www.GQvet.com](http://www.GQvet.com)

## **Ozone Therapy Authorization Form**

Owner: \_\_\_\_\_ Client Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

### **Please Initial the Following:**

\_\_\_\_\_ I am either the owner of the patient listed above 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 Ozone Therapy as you determine to be indicated. I agree to indemnify and hold Gilbert Queen Creek Emergency Veterinarian 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 Veterinarian cannot guarantee a time that my pet will be available for discharge and that GQ Vet will ensure to communicate with me a time to pick up.

\_\_\_\_\_ I understand it is NOT recommended that my pet receive any vitamin supplements up to 12 hours prior to treatment. This may decrease the effectiveness of the treatment.

Phone number where I can be reached today: \_\_\_\_\_

Print Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_