



AUTHORIZATION TO PROVIDE MEDICAL TREATMENT

Owner: _____
Address: _____
Contact Telephone #: _____
Alternate Telephone #: _____
Animal's Name(s): _____
Name of Caregiver(s): _____
Contact # for caregiver: _____
Dates you will be away: _____

I am the owner of the above mentioned animal(s). In the event that my pet(s) should require medical treatments during my absence, I understand that reasonable efforts will be made to contact me, or my authorized contact person, to explain procedures and obtain instructions regarding them. However, if the efforts are unsuccessful, I authorize the performance of any procedures or treatments deemed necessary in the professional opinion of the attending veterinarian. I authorize payment for any such treatments up to the amount of \$_____.

Date: _____
Owner: _____ Witness: _____

I, _____, (name as it appears on credit card)
authorize the Tsawwassen Animal Hospital to apply charges for
above mentioned services to my Visa/Mastercard.

CARD#: _____ Exp Date: _____
Signature of Cardholder: _____