

Animal Health Clinic of Funkstown  
PO Box 669  
26 East Baltimore Street  
Funkstown MD 21734

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I give my permission to the "Animal Health Clinic of Funkstown", to treat my pet (s) while I will be out of town.

I will be away between the dates of \_\_\_\_\_ and \_\_\_\_\_.

I will assume all financial responsibility when I return.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number While I am away if known