



## AUTHORIZATION FOR MEDICAL CARE DURING OWNER'S ABSENCE

1. I hereby give permission for (name of responsible party) \_\_\_\_\_ to bring my animals to Four Seasons Animal Hospital for treatment and/or surgery that may become necessary during my absence from: (dates) \_\_\_\_\_ to \_\_\_\_\_.

2. This authorization applies to the following animals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. In the event of a terminal illness or at the discretion and concurrence of both the doctor and the responsible party named above, I also give permission for euthanasia.

4. I agree to be responsible for all charges and authorize the following expense:

- As needed for my pets' wellness and well-being
- Up to a limit of \$ \_\_\_\_\_

5. Payment will be made as follows:

- I have left a check with the above designated responsible party for payment of all charges.
- Credit card  
Number \_\_\_\_\_ Exp \_\_\_\_\_ Code \_\_\_\_\_

6. Special instructions or requests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email \_\_\_\_\_