

Perrinville Animal Hospital LLC.

# Authorization to Treat

Owner \_\_\_\_\_

Pet(s) \_\_\_\_\_

Authorized Dates \_\_\_\_\_

Authorized Caretaker(s) \_\_\_\_\_

I hereby authorize the above mentioned caretaker(s) to bring pets in for medical care in my absence. If I am not available, I authorize the above mentioned caretaker(s) in cooperation with Perrinville Animal Hospital to make emergency decisions.

I will take full responsibility for any emergency charges incurred in my absence.

\_\_\_\_\_

Signature