

8355 N E Day Road E. , Bainbridge Isl . WA 98110 Tel : 206 - 842- 1200 Fax : 206 - 842 - 1209

Authorization for Medical Treatment in Owner's Absence

I hereby authorize Day Road Animal Hospital and/or its attending doctors to treat the following pets in my absence during the dates of
to

Please list all the pets that is applies to.

I further authorize the following person(s) to make any and all medical decisions necessary to treat illness or injury, or to alleviate pain and suffering for the above mentioned pets:

Name of Authorized Person

Day Phone

Evening Phone

In the extreme event that euthanasia is the only option left to alleviate my pet's suffering,

I DO / DO NOT (Select one) authorize the above mentioned individual(s) to make this decision on my behalf. If no individual is indicated to authorize euthanasia, veterinary ethics and morals require that we continue to provide whatever care deemed necessary by the veterinary staff, at the owner's expense, to relieve the pet's pain and discomfort until such a person can be contacted.

I understand and agree that I am, and will be, financially responsible for any expenses incurred. I understand that payment is required at the time services are rendered and that the above mentioned individual(s) will be asked to make such payments. In lieu of such a request to the above person(s), I authorize Day Road Animal Hospital to apply the necessary charges to the following charge card:

Card Type:

Credit Card CV

Card Number:

Code (Last three

Expiration Date:

digits on the

signature panel):

Initials:

Date: