

Client #: \_\_\_\_\_

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



## TREATMENT AUTHORIZATION

I, \_\_\_\_\_ authorize \_\_\_\_\_ to authorize treatment for my pet \_\_\_\_\_, as seen to be needed by the veterinarian on duty at Capitola Veterinary Hospital and agree to pay for services rendered.

Phone number where I can be contacted:

Phone number of caretaker of my pet:

Dates that my pet will be with caretaker:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date