



Phone: (858) 481-7992

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3665 Via de la Valle

Del Mar, CA 92014

Medical Care Treatment Authorization

Client Name: _____

Pet's Name: _____

Address: _____

Phone Number: _____

Alt. Phone: _____

In the event that I am not able to personally present my pet(s) for routine or emergency medical care and treatment, I hereby authorize the following person(s) to act as my agent:

1.) _____ Phone: _____

2.) _____ Phone: _____

In the event my pet(s) is being care for by the boarding kennel or petsitter(s) listed below, I authorize All Creatures Hospital, Inc, to provide medical care and treatment of an essential nature in my absence:

1.) _____ Phone: _____

Emergency Contact Telephone Numbers:

I understand that charges up to and not exceeding \$_____ * will be my responsibility and I agree to settle my account by authorizing the use of the following bank card as payment for services in my absence:
(*Please note that the standard emergency critical care fee starts at \$800.)

Credit Card: _____ Exp. _____

I understand that by authorizing medical care and treatment for my pet(s), all reasonable care will be provided by the veterinarian(s) and staff of All Creatures Hospital, Inc. and that there is no promised or implied guarantee of a successful recovery or outcome.

Owner's Signature: _____ Date: _____