



TREATMENT AND CREDIT CARD AUTHORIZATION

With my signature below, I am stating that:

- I am the rightful owner of the pets listed below.
- I am over 18 years of age and am able to enter into legal agreements and contracts.
- I understand that reasonable effort will be made to contact me regarding the health care of the pets listed below. In the event I am not able to be reached regarding the health care of the pets listed below, I give permission to the Authorized Agent listed below to make medical and/or surgical and/or humane euthanasia decisions regarding the pets listed below.
- I give permission to the Authorized Agent listed below to use my credit card for payment in full for services provided regarding the care of the pets listed below.
- The Authorization expires 60 days from the date of signature.

PETS:

Name	Breed	Age

Authorized Agent for Owner – Print

Authorized Agent's Phone Number

Owner – Print

Owner's Phone Number(s)

Owner – Signature

Date

Credit Card Number

Expiration

CVV

Billing Zip Code