D.O.C.S VETERINARY HOSPITAL
Dave Haebler D.V.M
Jeanine Chaney-Haebler D.V.M
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4630 Highway 50 E. #15
Carson City, NV 89701
(775)884-4362 Fax (775)884-9257
www.docsvets.com

To Whom It May Concern:
During my absence my animal's caretaker (Name)_____,
will be at (address)_____,
and be able to be reached at (day & evening phone)_____,
has been instructed by me to contact D.O.C.S Veterinary Hospital for veterinary care if the need should arise. Doctors, please provide whatever treatment is necessary. Please bill my Credit Card for the veterinary expenses acquired in my absence.

Visa, Mastercard, Discover Number:_____
Name on Card :_____
Address:_____
City: _____ Zip Code:_____
Expiration Date_____ VIN # (3 digit # on back) _____

Animal Name and Species:	Amount to NOT Exceed:
_____	_____
_____	_____
_____	_____
_____	_____

As the owner, in the event the Caretaker or attending Veterinarian at DOCS Veterinary Hospital determines that my pet is suffering and/or is incurably injured, I, please check one, **(give my consent _____), I do not give my consent _____**) for euthanasia. If my pet should die or is euthanized, **please check one.**
I request that the body be retained until I return _____), Be Privately Cremated, **Additional cost** _____), Be Communally Cremated, **Additional cost** _____), General Care Of Remains, **No additional cost**_____), and I agree to have my Credit Card Charged for such services.

_____ _____
Signature of Owner Date