

D.O.C.S VETERINARY HOSPITAL

Dave Haebler D.V.M

Jeanine Chaney-Haebler D.V.M

Alexandra Veach D.V.M

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