

**D.O.C.S VETERINARY HOSPITAL**

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[www.docsvets.com](http://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 \_\_\_\_\_ VTN # (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