

D.O.C.S VETERINARY HOSPITAL

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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.**

Be Privately Cremated, **Additional Cost** _____), Be Communally Cremated, **Additional Cost**
_____), Released to above caretaker for self-directed disposal, **No Additional Cost** _____), and I
agree to have my Credit Card Charged for such services.

Signature of Owner:

Date:
