



## Treatment Authorization

This authorization is intended to be temporary while the owner (undersigned) is away from home and the pet(s) are under another person's care.

Client Name:

Pet Name(s):

Contact Number while away:

Date when you will return:

If your pet becomes ill and needs medical care, Main Street Veterinary Clinic will attempt to contact you before starting any diagnostic testing or treatment. If you cannot be reached we will allow a third party to authorize treatment and make medical decisions for your pet.

Authorized individuals:

Payment is appreciated at the time of service; however, we understand this is not always possible for a caregiver. You accept responsibility for all charges incurred for the care of your pet and agree to make payment to Main Street Veterinary Clinic when you return.

Signature:

Date: