



Martinez Animal Hospital

Authorization for Treatment

When Owner Is Not Present

Owner: _____

Address: _____

Pet Name: _____ Breed: _____ Age: _____

Phone Number where owner can be reached: _____

In Case of Emergency Contact: _____ Emergency Number: _____

I am the owner of the above named pet and I give Martinez Animal Hospital authorization to treat my pet:

_____ while I am out of town. Dates gone _____. Person(s) authorized to bring my pet in for treatment: _____

_____ because I am unable to personally bring in my pet. Person(s) authorized to bring my pet in for treatment: _____. They are authorized until _____ or _____ until I notify MAH in writing to void this agreement.

I give Martinez Animal Hospital further authorization to:

(Please fill out explaining to what extent you will allow your pet to be treated and if you are willing to have surgery performed if deemed necessary by the veterinarian in charge):

I am willing to spend up to \$_____ (please enter a dollar amount for which you will be responsible).

I give Martinez Animal Hospital authorization to euthanize my pet in the event of an emergency or if treatment would exceed what I have stated above, OR if the animal is suffering and it is the only humane solution to end any prolonged suffering.

Signature

Date

This form will stay on permanent record or until further notified by the owner.