

Vacation/Medical Emergency Contact Information

I, _____ of _____,
City Province

Telephone #, _____ Emergency contact # _____

am leaving my pet(s) _____, _____, _____

in the care of _____

telephone Number(s) _____ or _____.

I will be away from _____.
Start End Date

I give consent for _____ to act on my behalf to make medical
decisions for _____, _____, _____.

I accept financial responsibility and authorize my credit card to be charged for any veterinary
services received up to \$_____.

Please contact me before proceeding in the event the charges exceed this declared amount.

Name on credit card: _____

Credit card number: _____

Expiry date: _____ CVC number: _____

Client signature

Witness signature

Date: _____