



AUTHORIZATION FOR MEDICAL CARE DURING OWNER'S ABSENCE

1. I, _____ (name of client), hereby give permission for _____ (name of responsible party) to bring my animals to Veterinary Emergency + Referral Center of Hawaii for treatment and/or surgery that may become necessary during my absence from: (dates) _____ to _____.

2. This authorization applies to the following animals:

3. In the event of a terminal illness or at the discretion and concurrence of both the doctor and the responsible party named above, I also give permission for euthanasia. Yes No

4. I agree to be responsible for all charges and authorize the following expense:

- As needed for my pets' wellness and well-being
- Up to a limit of \$ _____

5. Payment will be made as follows:

- I have left a check with the above designated responsible party for payment of all charges.
- Credit card
Number _____ Expiration _____ Code _____

6. Special instructions or requests:

Signature _____ Date _____

Address _____
Street City State Zip

Phone #1 _____ Phone #2 _____ Email _____