The Animal Hospital Absent Client Permission Form

Client Name	Folder #
Pet's Name(s)	
Emergency Phone	
Me.	
The Animal Hospital. I also autho treatment or veterinary care deem Hospital of Carrboro during my all every effort to contact me with the reached, I authorize the staff veter	to act on my behalf essary admission forms for my pet while it is at orize this designated individual to seek any ed necessary for my pet(s) at The Animal behavior. I request that The Animal Hospital make e estimated costs for services, but if I cannot be cinarians to provide any necessary medical regency arise, I understand that my pet will be soon as possible.
I assume financial responsibility f will secure his/her treatment with	For all charges incurred for the above pet(s) and the following:
MC Visa Ame	x Discover Care Credit
Credit Card #:	Exp.Date: VCode:
If my absence is longer than 30 daweeks for all fees accrued.	ays, my credit card will be charged every two
Printed Name	
Signature	Date