



# SCOTTSDALE VETERINARY HOSPITAL

7072 - 120TH STREET SURREY, B.C. V3W 3M8

Bus.: (604) 590-2121 FAX.: (604) 590-0293

Client Name: \_\_\_\_\_

Pet Name(s): \_\_\_\_\_

I will be on vacation from \_\_\_\_\_ to \_\_\_\_\_.

During my absence, I am leaving my pets in the care of \_\_\_\_\_ (caretaker).

Please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

- I authorize the caretaker to make decisions on my behalf.
- I authorize the staff of the Scottsdale Veterinary Hospital to make decisions on my behalf. Please perform whatever service the Doctor deems necessary for the best care of my pet. This includes any necessary treatments or diagnostic procedures up to a value of \_\_\_\_\_.
- I would like you to call me at the Emergency Contact Number listed below for authorization.
- Other: \_\_\_\_\_

Please indicate the method of payment for any charges incurred during your vacation.

- The caretaker will pay for any charges at the time of treatment.
- I preauthorize payments to be charged on my credit card up to \_\_\_\_\_.  
Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_
- I will pay all charges upon returning from vacation. This option must be pre-authorized by the staff of the Scottsdale Veterinary Hospital. Initial of authorizing staff member \_\_\_\_\_.

Emergency Contact Number: \_\_\_\_\_

Caretaker's Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_