

FOUR CORNERS VETERINARY HOSPITAL

Authorization Form

I hereby grant permission for _____ to bring in my pet(s) _____
_____ for medical treatment while I am away. I will be leaving
on ___/___/___ and will return on ___/___/___.

I authorize **Four Corners Veterinary Hospital** to examine, prescribe for, treat, or perform surgery
upon the above described pet(s), and I will be responsible for all charges incurred.

I give permission to **Four Corners Veterinary Hospital** to use my credit card # _____
expiration date ___/___/___

Additional comments: _____

Signature: _____ Date: ___/___/___

Emergency telephone number#: () _____ () _____