

Mukilteo Veterinary Hospital

11700 Mukilteo Speedway, Suite 507

Mukilteo, WA 98275

(425) 347-0810

Client Authorization for Pet Care When Out of Town

Client's first and last name _____

Pet's Name _____

While I am gone through the dates of _____ to _____,

my pets will be left in the care of _____

At _____ Phone _____.

Phone number where I can be reached: _____

***All patients staying in the hospital must be current on their Rabies vaccination.**

All Payment is due at time of service(s)

If any problem arises that my pet needs veterinary care while I am away, I would like to give the doctors my full permission to run tests, take x-rays, give vaccinations, or give anesthetic with its inherent risk. I have left a number that I can be reached for payment or made arrangements with my pet's caregiver.

Signature

Date