

Poland Animal Hospital

1197 Maine Street • Poland, Maine, 04274 • (207) 998-2444

Pet Care Authorization Form

I, _____, do hereby certify that I am the owner of :

_____.

I authorize _____ to bring my pet(s) to Poland Animal Hospital in my absence for treatment. I understand that I am responsible for all charges incurred.

This authorization expires _____.

(Signature)

(Date)

Additional Comments/Instructions

Print and mail the completed form to:

Poland Animal Hospital
1197 Maine Street
Poland, Maine 04274

~or~

Print and Fax the completed form to:

(207)998-8149