

# Suburban Animal Clinic



640 North Wilson Road  
Columbus, Ohio 43204  
voice: 614-276-5479  
FAX: 614-276-9989

## CONSENT FOR CARE

I \_\_\_\_\_ <name> will be out of town from \_\_\_\_\_ <mm/dd/yy> to  
\_\_\_\_\_ <mm/dd/yy>.

The caretaker for my pet(s) \_\_\_\_\_ <pets name> is  
\_\_\_\_\_ <caretakers name>.

The caretaker has my permission to bring the pet in for treatment at Suburban Animal Clinic as deemed necessary. I agree to pay all charges incurred. The caretaker will have a phone number that they can reach me in case of an emergency.

Signed \_\_\_\_\_

Date \_\_\_\_\_