



Rancho Bernardo Veterinary Clinic Out of Town Treatment Authorization

I (owner's name) _____ authorize (caretaker's name) _____

to bring my pet(s) _____ to Rancho Bernardo Veterinary Clinic

during (dates) _____ for any medical needs. I also give

(caretaker's name) _____ permission to make medical decisions if I am not available.

Phone number where I can be reached: (1st) _____ (2nd) _____

Phone number of emergency contact listed above: _____

In the event of a health concern:

☐ I authorize Rancho Bernardo Veterinary Clinic to do whatever is necessary and charge the credit card listed below.

☐ I authorize necessary procedures/expenses up to \$ _____ .

In the event of a life-threatening emergency:

☐ I authorize Rancho Bernardo Veterinary Clinic to treat the above-named pet(s) for any medical emergency or pre-existing medical condition that is worsening or causing pain or discomfort. I understand that Rancho Bernardo Veterinary Clinic will proceed with any necessary measures, including surgery, in the interest of my pet's health. I understand that Rancho Bernardo Veterinary Clinic will make every reasonable attempt to contact me at the number(s) provided, but will proceed with treatment to alleviate pain or save my pet's life. I agree to pay all charges associated with rendering medical services provided.

☐ Do NOT render treatment to the above-named pet(s) unless I give specific authorization. I understand Rancho Bernardo Veterinary will make every reasonable attempt to contact me. I hereby authorize Rancho Bernardo Veterinary Clinic to humanely euthanize my pet and hold the body until my return. I agree to pay all charges associated with services provided.

I assume full financial responsibility for all medical and hospitalization fees incurred during the time frame listed above.

Credit Card Information

☐ Visa ☐ Mastercard ☐ Discover

Card Number: _____

Exp. Date: _____

Signature _____

Date _____