



5313 N Interstate Ave
Portland, OR 97217

Permission to Treat Form

I, _____, will be out of town from _____ to _____.
Please allow _____ to bring in my pet(s) _____
to be treated at your clinic. I can be contacted at (cell phone, etc.): _____.

While gone I authorize:

_____ **Hold until I can be contacted only.**

_____ **Stabilize until I can be contacted.**

_____ **Any and all treatments necessary up to \$_____.**

_____ **Any and all treatments regardless of cost.**

Please charge my credit card (circle one) : Visa / MasterCard / Discover / American Express

Card # _____ **Expiration Date:** _____.

*In the case that I do not have a credit card to put on file, I agree to come in no later than 3 days
after my arrival date to pay the balance on my account (**initial**) _____.

Signature: _____

Date: _____

(This Permission to treat form is only valid for the dates provided above. It is not an "on-going" form. If you have additional dates you will be gone, please stop by to fill out a new form.) Thank you!