



# Martinez Animal Hospital

## Authorization for Treatment

### When Owner Is Not Present

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number where owner can be reached: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

I am the owner of the above named pet and I give Martinez Animal Hospital authorization to treat my pet:

\_\_\_\_\_ while I am out of town. Dates gone \_\_\_\_\_. Person(s) authorized to bring my pet in for treatment: \_\_\_\_\_

\_\_\_\_\_ because I am unable to personally bring in my pet. Person(s) authorized to bring my pet in for treatment: \_\_\_\_\_. They are authorized until \_\_\_\_\_ or \_\_\_\_ until I notify MAH in writing to void this agreement.

I give Martinez Animal Hospital further authorization to:

(Please fill out explaining to what extent you will allow your pet to be treated and if you are willing to have surgery performed if deemed necessary by the veterinarian in charge):

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I am willing to spend up to \$\_\_\_\_\_ (please enter a dollar amount for which you will be responsible).

I give Martinez Animal Hospital authorization to euthanize my pet in the event of an emergency or if treatment would exceed what I have stated above, OR if the animal is suffering and it is the only humane solution to end any prolonged suffering.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form will stay on permanent record or until further notified by the owner.