

TEMPORARY MEDICAL AUTHORIZATION CONSENT FORM

Catalina Pet Hospital, Tucson, AZ 85716

520-795-4612

fax: 520-297-6114

(Consent expires ninety after the date indicated below)

Date: _____ Client: _____

Address: _____

Owner's Phone #: _____ Owner's Emergency Phone #: _____

Caretaker's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone: _____

Temporary care is granted for the following animals:

Name: _____ Breed/Markings: _____ DOB: _____

Concerns: _____

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Completely fill out second form if more pets are to be listed.

I understand that all medical bills authorized by the caretaker listed above will be paid in full by me (Owner listed above) immediately upon my return.

Today's Date: _____ Owner Name: _____

Owner's Signature: _____

I authorize my (circle one) Visa Mastercard Discover AmEx

Please fill out the information below:

Card #: _____ Expiration: ____/____ CVV: _____

Name as it appears on card: _____

We want the best for you and your pet, so we treat each and every pet as if it were our own. The patient's comfort is of the utmost importance while offering excellent medical care. We will always recommend what we feel is the best course of therapy for any given condition. We realize, however, that there are occasions when financial, logistical, time and other considerations may cause you or us to alter that course. Therefore, please indicate the following:

Monetary limit to treatment: _____

Medical limits/comments: _____