



Client # _____

Evergreen Animal Clinic

3389 Orcutt Rd., Suite 101, Santa Maria, CA 93455
805.937.6341 Fax 805.937.6571
www.evergreenanimalclinic.com

AUTHORIZATION FOR MEDICAL CARE WHILE OWNER IS AWAY

Today's Date: _____

I will be away from: _____ to: _____

I, _____, authorize _____

to act as my agent in my absence for the care of my pet(s) listed below:

I authorize Evergreen Animal Clinic and my agent to provide medical care they deem necessary for the welfare of my pet up to: \$_____ without contacting me.

For additional care I may be contacted via telephone at: _____
or e-mail at: _____.

MC Visa Discover American Express Care Credit

Card Number _____ Exp _____ 3 digit code _____

Signature _____