

**AUTHORIZATION/CONSENT LETTER
TO: PACIFIC VETERINARY SPECIALISTS & EMERGENCY SERVICE**

DATE: _____

NAME: _____

**CARETAKER'S
NAME:** _____

**CARETAKER'S
CONTACT#s:** _____

Please be advised that in our absence, our pets' caretaker(s) are instructed that in case of medical emergency, they are to bring our pets to Pacific Veterinary Specialists & Emergency Service.

This letter serves as your authorization to treat our pet(s) as you deem necessary and charge all fees to our credit card# _____ expiration date _____.

If it is the attending veterinarian's opinion that the injury or illness is such that euthanasia is the most humane treatment, you have our unreserved permission to take such action.

However, prior to this action or extreme heroic measures, attempt should be made, if feasible, to contact us. Our caretaker(s) can usually reach us within 24 hours.

We understand that we are responsible for charges incurred *at time of service* & that Pacific Veterinary Specialists & Emergency Service does not bill for services.

We understand that hospital policy requires 75% deposit on estimated costs for treatments and/or procedures, with balance due at time of patient's release.

OUR PET'S NAMES & SPECIES: _____

SIGNATURE: _____

EFFECTIVE DATES: FROM _____ **TO** _____