



Authorization for Care

During my absence, _____ will be caring for my animal(s). He/She has my permission to act on my behalf to request veterinary treatment and services deemed necessary by the doctors at **Mendocino Animal Hospital**.

I accept full responsibility for all fees and charges incurred on my behalf for the treatment of my pet(s), not to exceed the following amounts for each pet:

Pet Name – Description	Maximum \$ Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If multiple pets require treatment, do not exceed a combined total of \$ _____.

Owner's Signature

Print Name

Address

City, State, Zip

Phone Number