



Owner's Name: _____

Owner's Address: _____

Owner's Phone: ____ - ____ - _____

Pet or Pet's Name/s: _____

Pet Sitter/Caretaker/Driver: _____

Email: _____ and Phone Number: _____

I give _____, permission to bring my pet(s) to The Small Animal Clinic at Piedmont Equine, between the dates of _____ and _____.

_____ has the right to do the following:

- Make Medical Decisions YES _____ NO _____
- Authorize charges to card on file YES _____ NO _____ Amount Limit _____
- Pick up Medications or Supplies YES _____ NO _____

I would like to be contacted if:

- Surgical Intervention is needed YES _____ NO _____
- Life saving measures or support YES _____ NO _____
- Euthanasia YES _____ NO _____

Further Instructions: _____

Signed: _____ Date: _____

Please see the back to list any additional people who you would like to be listed on the account this would enable them to make appointments, request medication and authorize charges to your card on file.

Name: _____ Phone Number: _____

- Make Medical Decisions YES _____ NO _____
- Authorize charges to card on file YES _____ NO _____ Amount Limit _____
- Pick up Medications or Supplies YES _____ NO _____

Name: _____ Phone Number: _____

- Make Medical Decisions YES _____ NO _____
- Authorize charges to card on file YES _____ NO _____ Amount Limit _____
- Pick up Medications or Supplies YES _____ NO _____

Name: _____ Phone Number: _____

- Make Medical Decisions YES _____ NO _____
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