

To Whom it may Concern:

Andrea Patrick of All Creatures Pet Services , \_\_\_\_\_ ,  
and any staff veterinarian at

\_\_\_\_\_ have my authorization to  
make medical decisions regarding the care of my  
pet(s), \_\_\_\_\_ in my absence from  
\_\_\_\_\_ to \_\_\_\_\_.

Major procedures such as surgical correction, i.e, removal of  
gastrointestinal foreign body, fracture repair and others are  
authorized as long as a veterinarian at  
\_\_\_\_\_ believes there is reasonable chance  
the procedure will result in a successful outcome.

I ask to be called on my cell phone at \_\_\_\_\_  
or \_\_\_\_\_ in the event of any medical problem  
involving \_\_\_\_\_. However, if I cannot be reached  
then the people listed above shall have decision making power. I  
agree not to hold any above party liable for competently  
performed treatments that do not succeed

Medical bills can be charged to my MasterCard/Visa# that is on  
file at my vets clinic.

Signed, \_\_\_\_\_