



ANIMAL HOSPITAL

VACATION RELEASE FORM

Owner's Name: _____

Pet's Name: _____

Owner's contact information while on vacation: _____

We will always attempt to contact you in the event that your pet requires veterinary care while you are away. If you cannot be reached, we will care for your pet according to your instructions below:

I authorize _____ to act on my behalf as my pet's guardian and to direct its veterinary care while I am away. I assume full financial responsibility for all charges authorized by my pet's guardian, up to a cost of \$ _____.

Guardian's phone number: _____

I hereby authorize North County Animal Hospital to perform diagnostic tests and to administer treatments (including anesthesia and surgery) as deemed necessary while I am on vacation, as per my directions above. I assume financial responsibility for all charges incurred for the care of my pet and understand that payment in full is due at the time of service. **I hereby authorize North County Animal Hospital to charge my credit card, listed below, when services are performed.** Furthermore, I agree to pay any and all legal fees which North County Animal Hospital incurs for the collection of my account in the event that it becomes delinquent.

Card Number: _____ EXP: ____/____ Security Code: _____

Mailing address for credit card: _____

Signature of Owner: _____ Date: _____