

# Alcala Pet Care

## Emergency/Medical Treatment Authorization Form

During my absence, I \_\_\_\_\_, give permission to Alcala Pet Care, at their sole discretion, to obtain veterinary treatment for my pet(s) with charges not exceeding \$ \_\_\_\_\_. Should my pet require care or treatments exceeding this amount, I authorize Alcala Pet Care to have the veterinarian of its choice provide the care required to stabilize and maintain my pet's comfort until I can be contacted\* to authorize these additional treatments. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay in this facility.

If you wish, please explain your feelings regarding treatment or care: or any special circumstances regarding your pet. \_\_\_\_\_

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I authorize Alcala Pet Care the use of my bankcard as payment for veterinary and boarding services in my absence.

Visa/MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

I understand this document will remain in effect until changed in writing by myself and witnessed by an Alcala Pet Care employee.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_

If I cannot be reached, I have appointed \_\_\_\_\_  
relationship \_\_\_\_\_ Phone # \_\_\_\_\_; to make decisions  
on my behalf.

Alcala Pet Care, 1273 Crest Dr., Encinitas, CA 92024 (760) 436-6619 Fax: 760-753-7670