



Treatment Authorization

Dear Doctors of Rancho Santa Fe Veterinary Hospital:

In the event that my pet has a medical emergency or becomes ill while boarding at Helen Woodward Animal Center Club Pet Boarding, I authorize Rancho Santa Fe Veterinary Hospital to perform any care deemed medically necessary for my pet, which may include transfer to a 24 hour emergency facility. Please make best efforts to contact me to discuss a medical plan and estimate. I understand and authorize you to act without my verbal consent if I cannot be contacted, in which case please do not provide treatment that exceeds \$ _____.

Print your name (Owner): _____

Today's Date: _____

Emergency or Cell #: _____

Alternate #: _____

Pet(s) Name: 1. _____

2. _____

3. _____

4. _____

Payment for services provided by Rancho Santa Fe Veterinary Hospital is due at the time services are rendered.

Credit Card information. Card # _____

Billing Address: _____ **Exp Date:** _____

Last 3 numbers on the back of card: _____

Signature: _____ **Today's Date:** _____

Rancho Santa Fe Veterinary Hospital is not affiliated with the Helen Woodward Animal Center's Club Pet Boarding facility. Rancho Santa Fe Veterinary Hospital is the medical facility chosen by the Helen Woodward Animal Center to provide all medical services to those pets boarding at Club Pet unless otherwise specified by the client.