



Nipomo Dog & Cat Hospital, Inc.

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AUTHORIZATION FOR MEDICAL CARE WHILE OWNER IS AWAY

Date: _____

I _____, authorize _____

of _____ to act as my delegate for the care of my pet(s)

listed below in my absence:

I authorize Nipomo Dog & Cat Hospital to provide the medical care they deem necessary for the welfare of my pet up to: \$ _____ without contacting me. Please charge my credit card listed below.

I would like Nipomo Dog & Cat Hospital to contact my delegate to approve veterinary care up to \$ _____. If the needed care is beyond this amount, I may give additional authorization via telephone or email. Please charge my credit card listed below.

MC Visa Discover _____ Exp _____ 3 Dig Code: _____

Signed: _____