

# Vacation Form

**Montclair Veterinary Hospital**

1961 Mountain Boulevard

Oakland, CA 94611

Telephone : 510-339-8600, Fax: 510-339-3215

Date \_\_\_\_\_

**Name:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_

As the owner of the above animal, I give permission for \_\_\_\_\_ to bring my animal to Montclair Veterinary Hospital for treatment and/or surgery if indicated during my absence (dates listed below).

In the event of a terminal illness or at the discretion and concurrence of both the doctor and the responsible party named above, I also give permission for euthanasia and disposal.

I will be responsible for any charges incurred:

\_\_\_\_\_ I have left a check with the above designated responsible party to cover any incurred charges.

\_\_\_\_\_ Please charge my credit card:

Name as it appears on the card: \_\_\_\_\_

Card Type (Visa or Master Card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

V-code (3 digits at end of signature box): \_\_\_\_

Address credit card bill is mailed to: \_\_\_\_\_

\_\_\_\_\_

Date range this permission form is to remain valid: \_\_\_\_\_ to \_\_\_\_\_

Special instructions or requests:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_