



Hearthwood Dog and Cat Clinic

VACATION RELEASE FORM

Owner's Name: _____

Pet 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 financial responsibility for all charges authorized by my pet's guardian, up to a cost of \$_____.

Guardian's phone number:

I hereby authorize Hearthwood Dog and Cat Clinic to perform diagnostic tests and 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 Hearthwood Dog and Cat Clinic to charge my credit card, listed below, when services are performed.** Furthermore, I agree to pay any and all legal fees which Hearthwood Dog and Cat Clinic incurs for the collection of my account in the event that it becomes delinquent.

Card Number: _____

Expiration: ____/____

Security Code: _____

Signature of Owner: _____

Date: _____