



561 West Greenville Rd
North Scituate, RI 02857

www.scituateanimalhospital.vetstreet.com

Phone: 401 647-3500
Fax: 401 647-0680

Consent to treatment

Date: _____

I will be out of town from _____ to
_____.

I have left _____ in charge of taking care of my animals
while I am away.

You have my permission to treat my animals in my absence and I agree to pay any
charges incurred while I am away.

If there are any problems, I can be reached at _____.

Signed: _____