

Suburban Animal Clinic



640 North Wilson Road
Columbus, Ohio 43204
voice: 614-276-5479
FAX: 614-276-9989

CONSENT FOR CARE

I _____ <name> will be out of town from _____ <mm/dd/yy> to
_____ <mm/dd/yy>.

The caretaker for my pet(s) _____ <pets name> is
_____ <caretakers name>.

The caretaker has my permission to bring the pet in for treatment at Suburban Animal Clinic as deemed necessary. I agree to pay all charges incurred. The caretaker will have a phone number that they can reach me in case of an emergency.

Signed _____

Date _____