



Permission for Treatment

I, _____, will be leaving _____ responsible for
(owner) (person being left responsible for pet(s))
caring for my pet(s) while I am away from _____ to _____.
(date leaving) (date returning)

I give full permission for Cooper County Animal Hospital, pc to treat my pet(s) for any emergency that may occur. I understand that I am fully responsible for all charges that incur for this treatment.
(Please check one below and initial)

☐ _____ My pet(s) caregiver, _____, will be responsible for
(person responsible for payment)
payment at time of service.

☐ _____ My pet(s) caregiver, _____, has permission to be
(person responsible for payment)
paying with a signed check from me and/or my credit card.

☐ _____ I give Cooper County Animal Hospital, pc permission to charge my credit
card for services rendered.
Card type (circle one): Visa / Master Card / American Express / Discover
Card Number : _____
Expiration Date : _____ V-Code : _____ (3 digit number on back of card)

☐ _____ I request that Cooper County Animal Hospital, pc bill my account, with the
understanding that I will pay balance in full upon my return.

Oral agreements or commitments to loan money, extend credit or to forbear from enforcing repayment of a debt including promise to extend or renew such debt are not enforceable. To protect you (borrower(s)) and us (creditor) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify it.

Signature : _____ Date : _____

Emergency Contact Number(s) : _____

E-Mail Address : _____