

Bernardo Heights Veterinary Hospital  
15721 Bernardo Heights Parkway, Suite K  
San Diego, CA 92128  
858-485-9111

## Vacation Authorization for Medical Treatment

Owner: \_\_\_\_\_

Owner contact number: \_\_\_\_\_

Pet(s): \_\_\_\_\_

Expected Dates of Absence: \_\_\_\_\_

Authorizing caregiver while away: \_\_\_\_\_

Should an illness or injury occur to my pet(s) that requires veterinary care during my absence, I authorize the caregiver named above to act as my agent in procuring veterinary care, with fees not to exceed \$\_\_\_\_\_.

I hereby authorize the caregiver named above to seek veterinary services from the facility listed above in order to provide essential medical or surgical services without my consent. **I do** \_\_\_\_\_ **I do not** \_\_\_\_\_ (initial one) authorize intensive medical care efforts for my pet.

I agree to pay the fees for such professional veterinary services as soon as possible after I return.

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

