



CONSENT FOR CARE

Owner: _____
Pet(s): _____
Dates of Absence: _____



Our goal, as always, is to help your "best friend" live a long, happy and healthy life.



Contact Information while away:



Name of Caretaker: _____ Phone: _____



Address (if different from owner):



Please select one:



Caretaker will pay for any expenses related to the care of my pet(s).



Charge my credit card #: _____ Exp. Date: _____



Limit on Charges: _____



Special Notes or Instructions:



I authorize the above mentioned person(s) to seek medical care for my pet(s) while I am away.



Client Signature _____ Date _____



MMAH Representative _____ Date _____