

Miller Animal Hospital

The Animal Hospital of North Greenbush PLLC

Pet Caretaker Treatment Authorization Miller Animal Hospital Clients/Patients

Veterinarians

Michael K. Rice, DVM

Evelyn P. Rice, DVM

Richard S. Brower, DVM

Wendy R. Kimmel, DVM

Owner Name: _____

Address: _____

Phone: _____ (Home) _____ (Cell)

Pet Name: _____ Breed: _____

This authorization is to remain valid from _____ to _____, inclusive.
Start Date End Date

Contact Phone Number while you are away (_____) _____

Designated Pet Caretaker:

Name: _____

Address: _____

Phone: (_____) _____

The Pet Caretaker designated above is responsible for my pet(s) while I am away.

Please check one of the following statements

- The Pet Caretaker is authorized to seek veterinary services and to make all medical decisions regarding veterinary care in my absence.
- For all medical decisions regarding veterinary care, I wish to be contacted. If I cannot be reached, I appoint the following person to act on my behalf.

Name: _____ Phone: _____

Finances (Please check one of the following)

- I authorize any amount necessary for the treatment of my pet.
- I authorize a maximum of \$_____ towards my pet's care at this facility.

Payment

The following individual will make payment at the time services are rendered for any medical expenses for my pet.

Name: _____ Signature: _____
(Of Person Responsible for Payment) (Of Person Responsible for Payment)

Owner Signature: _____