



Arroyo Grande Veterinary Hospital
1199 E. Grand Ave.
Arroyo Grande, CA 93420
(805) 481-9434

www.agvethospital.com
Email: info@agvethospital.com

Consent for Treatment During Owner's Absence

Client name: _____

Pet name: _____

Pet name: _____

Pet name: _____

Dates I will be gone are: _____ to _____.

I, _____ give the Doctors of Arroyo Grande Veterinary Hospital, my permission to provide medically necessary treatment to the pet(s) named above during my absence. In case of an emergency, I hereby consent to have treatments (including euthanasia) done at the discretion of the attending Veterinarian. I understand that I will be financially responsible for all charges incurred while under the care of the Arroyo Grande Veterinary Hospital, and I understand that they will try to contact me at the following phone numbers prior to any treatment or euthanasia.

Phone #1 _____

Phone #2 _____

Phone #3 _____

I give permission to _____, who is pet sitting my animal(s), to authorize treatment on my/our behalf.

Signature of Owner _____ Date _____