

ALL CREATURES VETERINARY CLINIC

Mile 7.4 Palmer-Wasilla Highway
4360 Snider Drive, Wasilla, Alaska 99654
(907) 376-7930

TREATMENT PERMISSION

Name: _____
Animal(s) Names _____

I give permission for All Creatures Veterinary Clinic, Inc. to treat my animal(s) named above during my absence in the event that he/she is in need of any veterinary medical attention. I give permission to _____ to bring my animal(s) to the clinic for me. (name of caretaker) I wish to/I do not wish to set a dollar amount on the treatment. I do not wish treatment above this amount _____. If my anima(s) cannot be saved or treated within this set amount, I wish to have the animal humanely euthanized.

I can be reached at _____
(telephone number)

(signature) (date signed)

Effective dates: _____

Special Instructions (i.e. diet, medications, allergies, other)

Credit Type - VISA/Master Card/MedCash
Card Number: _____
Expiration Date: _____

Signature: _____