



P.O. Box 237 / 429 Madrona Street
Eastsound, WA 98245
Ph: (360) 376-6373 / Fax: (360) 376-7838

**Thank you for giving us the opportunity to care for your pet!
We appreciate your thoughtful attention in providing the following information:**

Pet Owner's Name:		
Phone:	Cell Phone:	
Work Phone:	Email:	
Mailing Address:		
City:	State:	Zip:
Co-Owner:		
Phone:	2nd Phone:	

Authorization for Medical Treatment and/or Surgery:

I authorize Orcas Veterinary Service to administer such treatment as deemed necessary, including surgery and anesthesia when appropriate and indicated. All procedures will be authorized by owner after discussion with hospital staff.

I assume full financial responsibility for all charges and acknowledge that payment in full is expected at the time treatment and services are rendered. Accounts 30 days past due will be subject to a 2% finance charge.

Signature of Owner or Authorized Agent: _____

Printed Name: _____ **Date:** _____