

Sacramento Cat Hospital  
4115 Manzanita Avenue  
Carmichael, CA 95608  
916-488-4161

## Permission To Treat

Dates Effective: \_\_\_\_\_ to \_\_\_\_\_

I, \_\_\_\_\_, authorize the Sacramento Cat Hospital to treat \_\_\_\_\_ should he/she/they need medical or housing care in my absence. I understand that the costs incurred are my responsibility and that the balance is due at the time services are rendered. The balance can be charged to the following credit card, or I can be contacted to give a credit card number over the phone. In the event I cannot be contacted the petsitter will assume financial responsibility.

Credit Card Number: \_\_\_\_\_  
Type of Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

Please circle one of the following statements regarding medical expenses.

1. There is no financial limit.
2. I am placing a financial limit of \$ \_\_\_\_\_ (Minimum of \$300/cat)

I can be reached at: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_

*In case of an emergency, and I cannot be contacted, please contact:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title Last, First, M.I.  
Relationship to owner: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

In my absence, this person has my permission to authorize treatment and/or euthanasia should treatment costs exceed the financial limit or as deemed necessary and humane due to the animal's deteriorating condition.

Signature \_\_\_\_\_ Date \_\_\_\_\_