



Briar Patch
VETERINARY HOSPITAL
706 Elmira Road, Ithaca, NY 14850

TREATMENT AUTHORIZATION

Owner's name: _____

The following individuals:

Caretaker: _____

Caretaker: _____

Caretaker: _____

have my permission to bring my pets _____
to Briar Patch for any treatment needed while I am out of town.

I will be gone from _____ to _____.

I can be reached for major medical decisions:

By phone _____

And/or by email _____

All minor medical decisions can be made by the above named individuals

SPECIAL INSTRUCTIONS: _____

Signature

Date