

Fidalgo Animal Medical Center
3303 Commercial Ave.
Anacortes, Wa. 98221
Phone #: 360-293-2186

AUTHORIZATION TO TREAT

I, _____ give permission for _____
phone # _____ to seek treatment for my pet(s) _____
while I am away, or otherwise unable to bring them myself.

I understand that I am responsible for any and all charges incurred while my pet is being
treated. Please notify me prior to treatment if charges exceed \$_____.
I can be reached at _____.

This authorization is valid for the dates of _____ to _____.

Phone number while away: _____.

Special instructions:

Signature: _____

Date: _____