



Date: _____ Client#: _____

I authorize the Animal Hospital of Huntington Beach

To administer treatment or perform diagnostic tests on

my pet(s) _____

while I am on vacation. I also authorize emergency surgery

and/or anesthesia as deemed necessary by the Animal

Hospital of Huntington Beach. I assume financial responsibility

for all charges incurred by my pet(s) during this time.

Dates Effective _____

Name _____

Signature _____

Emergency Phone Number _____