
TREATMENT AUTHORIZATION

At Vista Pet Hospital, it is our top priority to offer prompt and thorough care to our patients and their owners.

OUR POLICY

We must have owner or co-owner permission to provide care to a patient that is not accompanied by an owner or co-owner.

This form provides Vista Pet Hospital authorization to treat your pet when you are not present and outlines payment of the financial obligation.

AUTHORIZED PARTY INFORMATION

WHO WILL BE BRINGING YOUR PET IN FOR SERVICES?

WHO WILL BE PICKING UP YOUR PET AFTER SERVICES?

WHAT DATE OR DATES WILL THIS OCCUR?

IS AUTHORIZED PARTY ABLE TO TAKE HOME ANY PRESCRIBED MEDICATIONS?

AUTHORIZED PARTY ADDRESS

AUTHORIZED PARTY PHONE NUMBER

CREDIT CARD NUMBER FOR PAYMENT

CREDIT CARD EXP DATE CREDIT CARD CVV (3 DIGIT SECURITY CODE ON BACK OF CARD)

MAXIMUM AMOUNT AUTHORIZED TO CHARGE

I have read and understand the above stated agreement and agree to pay the total balance due. I understand that if my account balance is sent to collections I will not be allowed to receive further services at Vista Pet Hospital.

Owner/Co-Owner Signature: _____

Date: _____