

**VACATION AUTHORIZATION**

I hereby authorize Dr. Baer and the staff of Del Mar Heights Veterinary Hospital to provide any necessary medical treatment for my animals while I am away on vacation. I assume financial responsibility for all charges incurred for the treatment of my animals.

Dates \_\_\_\_\_

Pet's name(s) \_\_\_\_\_

Emergency phone number \_\_\_\_\_

Name of authorized person to bring pet(s) in  
\_\_\_\_\_

Phone number \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

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

Special Instructions \_\_\_\_\_  
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