

**Midtown Animal Hospital
1917 P Street
Sacramento, CA 95811
(916) 446-7788**

Letter of Authorization

To Whom It May Concern:

In the event that my pet(s) _____
should need medical care, I give permission for _____
to authorize such care as he/she deems necessary, including euthanasia.

I have discussed my expectations, including financial, with regards to my pet's care with
this individual and he/she has the authority to make decisions for my animal's care.

**I will be responsible for the charges incurred and allow Midtown Animal Hospital
to bill my credit card as payment.**

Name of Caretaker: _____

Phone number(s): _____

Address of Caretaker: _____

**This authorization is valid from _____ to _____ with a
maximum of 1 year from the date of signature.**

Signature of Owner: _____ Date: _____

Name (printed): _____

Type of Credit Card: _____

Credit card number: _____ Exp: _____

CV code (last 3 digits in back of card) _____

Billing address (include zip code) _____