



# SOUTH OKANAGAN

Animal Care Center

146-290 Riverside Dr, Penticton, B.C. V2A 5Y5 Ph: 778-476-8658 Fax: 778-476-8659

Email: southokananimalcare@gmail.com

## Veterinary Care Pre- Authorization and Release Form

Owner Name(s): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Can owner be reached by Phone/Email?: Yes / No

Effective Dates: \_\_\_\_\_

Pet Sitter Name(s): \_\_\_\_\_

Pet Sitter Phone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ Vcode: \_\_\_\_\_

\*\* Credit Card information may be phoned in is preferred\*\*

- In the event that any pet of mine becomes ill, injured or in any need of treatment during my absence, I hereby authorize the above named emergency contact to make any decisions regarding the care of my pet(s).
- I understand that all efforts will be made to contact me or an emergency contact regarding my pet's condition, diagnoses and suggested treatment. However, if it is not possible to contact me or the emergency contact, I authorize the veterinarians at the South Okanagan Animal Care Centre to diagnose and treat my pet at his/her discretion [if applicable: to a maximum treatment limit of \$\_\_\_\_\_]. I further authorize South Okanagan Animal Care Centre to provide access to medical records for my pet(s) to any additional veterinarian(s) or clinics who are involved in providing treatment or care to my pet(s).
- I understand that I am solely responsible for the payment of any and all veterinary services rendered, including but not limited to diagnosis, treatment, medical supplies, kenneling, and special diet. I agree to pay all such costs within 30 days of services. I agree to pay all interest accrued on balances unpaid after 30 days.
- I authorize the South Okanagan Animal Care Centre to charge my credit card above for services rendered in my absence.

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* We recommend leaving detailed instructions with your pet sitter in regards to care of your pet.

AUTHORIZED OVER PHONE WITH SOUTH OKANAGAN ANIMAL CARE CENTRE REPRESENTATIVE . SOACC Representative: \_\_\_\_\_