

Healthy Pet Hospital & Grooming  
3411 E. Chapman Ave. Orange Ca. 92869 (714)771-3261

**PERMISSION TO DROP OFF & TREAT**

Date: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

I certify that as the owner of <animal>, in my absence I authorize and give consent to the doctors and staff of Healthy Pet Hospital & Grooming to perform the signed treatment plan that the doctor deems necessary for the health and welfare of my pet.

**If unable to contact me:**

I give my permission [yes]:  or I do not give my permission [no]:  to proceed with life sustaining procedures.

Please leave 2 telephone numbers where you can be reached today:

#1: \_\_\_\_\_

#2: \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Owner or Authorized Agent 18 years or older

Witness: \_\_\_\_\_

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**Office Use Only:**

Admitted By: \_\_\_\_\_ Current on vaccines: YES NO Update Today

Called owner with Anticipated P/U Time? \_\_\_\_\_ L/M ( ) Spoke w/ Owner ( )

Next Exam Due: \_\_\_\_\_ Callback Set \_\_\_\_\_ (If 1st time)