



Paws & Claws Pet Medical Center
 26745 SE Stark Street
 Troutdale, OR 97060
 (503)661-1833

Permission to Treat Form

I, _____, will be out of town from _____ to _____.

Please allow _____ to bring in my pet(s) _____ to be treated at your clinic.

I can be contacted at (cell phone, etc.): _____.

While gone I authorize:

Hold until I can be contacted only

Stabilize until I can be contacted

Any and all treatments necessary up to \$_____

Any and all treatments regardless of cost

Please charge my credit card (circle one) Visa / MasterCard/ American Express / Discover / Care Credit

Card # _____ Expiration date ____/____,

*In the case that I do not have a credit card to put on file, I agree to come in no later than 3 days after my arrival date to pay the balance on my account (initial) _____.

Signature: _____ Date: _____

(This Permission to Treat Form is only good for the dates provided above. It is not an "on-going" form. If you have additional dates you will be gone, please stop by to fill out a new form.) Thank you!