



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!