



**Departure Bay**  
VETERINARY HOSPITAL

101-3128 BARONS ROAD NANAIMO, B.C. V9T 4B5  
**(250) 758 - 1162**

**Patient:**  
**Age:**  
**Breed:**  
**Owner:**  
**Address:**  
**City:**  
**Phone:**

I, the undersigned, do hereby allow the Departure Bay Veterinary Hospital to give my animals any medical treatment deemed necessary, during my time of absence from Nanaimo dated

**From :** \_\_\_\_\_  
**To :** \_\_\_\_\_

I, the undersigned, will have discussed my wishes as to the exact sum of the financial debt I am willing to incur for the treatment of my animals during the above stated time period with the caretakers of my animals. I will also leave a record of my wishes in writing with the caretakers and the Departure Bay Veterinary Hospital.

Treatment cost up to \$\_\_\_\_\_.\_\_\_\_\_ (approximately)

I, the undersigned do hereby agree to pay in full any debts that may occur as a result of medical treatment given to my animals during my absence. I, the undersigned, do realize that these debts would be due to be paid in full at the time of my return to Nanaimo.

SIGNED: \_\_\_\_\_

In case of an emergency happening where the only route of treatment to prevent suffering would be to euthanize my pet I give authorization for this to be done.

SIGNED: \_\_\_\_\_

Name and contact information for dog/cat sitter:

\_\_\_\_\_