

# Sequoia Veterinary Hospital, Inc

1409 El Camino Real, Redwood City, CA 94063

650-369-7326 / 650-369-4403 (fax)

## TREATMENT AUTHORIZATION FORM

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

By signing below, I authorize the following people to act on my behalf as agent for my pet in the capacities that I've indicated, for the time-frame noted.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

- 1 Make and Attend Appts
- 2 Make General Medical Decisions
- 3 Make Critical Medical Decisions
- 4 Provide Payment for Services

**Note:** Circle Choices Below for each Authorized Agent

*Circle Choices*

Name: \_\_\_\_\_ 1 Time-frame: \_\_\_\_\_  
Relationship to Owner: \_\_\_\_\_ 2 Time-frame: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ 3 Time-frame: \_\_\_\_\_  
Other Contact Info: \_\_\_\_\_ 4 Time-frame: \_\_\_\_\_

*Circle Choices*

Name: \_\_\_\_\_ 1 Time-frame: \_\_\_\_\_  
Relationship to Owner: \_\_\_\_\_ 2 Time-frame: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ 3 Time-frame: \_\_\_\_\_  
Other Contact Info: \_\_\_\_\_ 4 Time-frame: \_\_\_\_\_

*Circle Choices*

Name: \_\_\_\_\_ 1 Time-frame: \_\_\_\_\_  
Relationship to Owner: \_\_\_\_\_ 2 Time-frame: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ 3 Time-frame: \_\_\_\_\_  
Other Contact Info: \_\_\_\_\_ 4 Time-frame: \_\_\_\_\_

*Circle Choices*

Name: \_\_\_\_\_ 1 Time-frame: \_\_\_\_\_  
Relationship to Owner: \_\_\_\_\_ 2 Time-frame: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ 3 Time-frame: \_\_\_\_\_  
Other Contact Info: \_\_\_\_\_ 4 Time-frame: \_\_\_\_\_