



EMERGENCY TREATMENT PERMISSION

To Whom It May Concern; whether it is my regular veterinary clinic, an emergency veterinary clinic, PurrInn Cats Hostelry's veterinary clinic, or the nearest veterinary clinic:

OWNER'S NAME: _____ DATE: _____

CAT/S' NAME/S: _____
List all cats you will board at PurrInn Cats Hostelry.

Your Veterinarian Clinic: _____ Doctor's Name: _____

Phone #: _____ Address: _____
Street city zip

Dear Dr. _____,

Please put in your file for _____ (your cat/s name/s) this note to authorize PurrInn Cats Hostelry to bring in my cat/s for emergency treatment. Please check for proper identification.

I, _____, will assume all costs directly resulting from those services.
Print client name

CREDIT CARD # _____ EXP DATE _____ SEC CODE _____

Please mail or fax a copy to your veterinarian

Phone Number

Phone Number

Main Contact Signature Date

Spouse or Partner Signature Date

Print Name

Print Name