



**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