



# Alcala Country Pet Resort

## Emergency/Medical Treatment Authorization Form

During my absence I, \_\_\_\_\_, give permission to *Alcala Country Pet Resort*, at their sole discretion, to obtain veterinary treatment for my pet(s) with charges not exceeding \$ \_\_\_\_\_. Should my pet require care or treatments exceeding this amount, I authorize *Alcala Country Pet Resort* to have the veterinarian of its choice provide the care required to stabilize and maintain my pet's comfort until I can be contacted\* to authorize these additional treatments. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay.

If you wish, please explain your feelings regarding treatment or care: or any special circumstances regarding your pet:

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I authorize *Alcala Country Pet Resort* the use of my bank card as payment for veterinary and boarding services during my absence.

VISA/MC/AMEX #:

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Exp. Date: \_\_\_\_/\_\_\_\_ 3 Digit CVV/CVC Code: \_\_\_\_\_

I understand this document will remain in effect until changed in writing by myself and witnessed by an Alcala Country Pet Resort employee.

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

Witness: \_\_\_\_\_

\* If I cannot be reached, I have appointed \_\_\_\_\_ relationship

\_\_\_\_\_ Phone # \_\_\_\_\_; to  
make decisions on my behalf.

\*\*\*Please, if possible, have your emergency contact someone other than  
someone who travels with you.\*\*\*