HAPPY CATS RETREAT

EMERGENCY TREATMENT PERMISSION

To whom it may concern; whether it is my regular veterinary clinic, an emergency veterinary clinic, Happy Cats Retreat's veterinary clinic, or the nearest veterinary clinic:

OWNER'S NAME: _____ DATE: / /

CAT/S' NAME: _____ _____

List all cats you will board at Happy Cats Retreat

YOUR VETERINARIAN CLINIC _____

DOCTOR'S NAME _____

Phone _____ Address _____

Dear Dr._____,_____

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

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

Pease mail or fax a copy to your veterinarian

Main Contact

_____	_____	/ /
Signature	Print Name	Date (mm/dd/yy)

Spouse or partner

_____	_____	/ /
Signature	Print Name	Date (mm/dd/yy)