



# Rheinland-Pfalz Veterinary Treatment Facility

DSN: 314.590.1900 CIV: 06371.9464.1900  
MEMORANDUM FOR AUTHORIZATION OF TEMPORARY CARE

A. This memorandum is to state that I, \_\_\_\_\_, am the owner of  
(Owner's Full Name)

\_\_\_\_\_ and I hereby authorize the following person(s) to bring in my  
(Pet's Name)

pet to the Rheinland-Pfalz Veterinary Treatment Facility in my absence:

*Note: Please list full names of authorized person(s)*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**B. Please check all that apply**

- I authorize the appointed caretaker to seek medical treatment from the Rheinland-Pfalz Veterinary Treatment Facility for only routine, scheduled appointments with a technician and/or veterinarian
- I authorize the appointed caretaker to make decisions regarding the veterinary care of my pet while at the Rheinland-Pfalz Veterinary Treatment Facility. This includes but is not limited to pre/post surgical care, laboratory tests, and dietary changes if medically recommended.
- In case of emergency, this memorandum authorizes the caretaker to make such decisions as deemed medically necessary for the health and well-being of my pet.

**C. Please check only one box**

- This memorandum is only valid through for the following dates:

\_\_\_\_\_

- This memorandum is valid indefinitely from this date:

\_\_\_\_\_

**D. I understand that all charges must be paid the same day services rendered and that all arrangements concerning financial transactions are to be arranged before care is provided. Note: Please be advised that we only accept Visa/Mastercard payment**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date