

**Antonio Animal Hospital**  
**22461 Antonio Parkway #A-120**  
**Rancho Santa Margarita, CA 92688**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, give Antonio Animal Hospital authorization to treat my animal(s),  
Clients Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

as needed. I am leaving \_\_\_\_\_, and will be returning \_\_\_\_\_. I may be  
Date Date  
reached at \_\_\_\_\_. I am aware that I am financially responsible for any services  
Phone Number  
rendered for the animals named above.

Credit Card: \_\_\_\_\_

CC Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_