



## Vacation Form

I certify that I am the owner, or a legally authorized representative for the owner, of the above described animal, and am 18 years old or older. I hereby consent and authorize the doctors of Highland Animal Clinic and their staff to hospitalize my pet in the event that I am not available when such a consent is needed. This authorization includes administration of vaccinations, medications, tests, anesthetics, surgical procedures or other treatments that the doctors deem necessary for the health, safety, or well-being of the above animal.

I acknowledge that I am responsible for payment in full for the procedures and treatments for my animal. Any charges should be billed to my credit card which I will provide at the indicated time of payment, unless otherwise arranged. I also acknowledge that if I neglect to have my animal picked up within five days of written notice, sent to the above address, that it is ready for release, we will assume that the pet is abandoned. Highland Animal Clinic will have the authorization to dispose of the pet as we see fit. Abandonment does not release me of my obligation to pay for all charges involved.

I further agree that in the case of nonpayment, an administration charge (\$6.00 or 1.5%, whichever is greater) per month will be charged and that any costs of collection and reasonable attorney fees will be paid by me.

Itinerary Dates:

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Location:

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Contact Phone #:

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Authorized Care Provider :

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Care Provider's Phone #:

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Verified Billing Address:

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Owner's Signature:

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Owner's Printed Name:

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Today's Date:

Requested Level of Treatment:

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