



Veterinarian Notification/Agreement to Treat

To whom it may concern:

I, _____, give Hands On Companion Animal Service (**HOCAS**) authorization to care for my animal during my absence, including veterinary care. I have contracted for services from HOCAS during my absence and I authorize them to act on my behalf to request veterinary treatment and services when they deem it necessary. **HOCAS** is authorized to transport my animal to your hospital for treatment. I authorize you, the Veterinarian, to treat my animal and I am **fully responsible for all fees and payments** upon my return or can contact your office to provide a credit card for payment. **HOCAS** is not responsible for any payments due on my behalf.

Client Name: _____

Address _____

Phone _____ Email _____

Animal's Name/Description _____

*If I cannot be reached and veterinary treatment is urgent, I authorize a financial limit of:

\$ _____ . _____

Client Signature _____ Date _____