



Lake Stevens Animal Hospital, LLC
303 91st Ave. NE A106, Lake Stevens, WA 98258 (425) 377-8620
www.lakestevensanimalhospital.com

I hereby authorize the following individual (s) to make medical decisions regarding my pets (s) in the event that I am not able to be contacted. If no one is authorized, please write “No one” and sign form.

Please print clearly

Name	Phone Number
1) _____	/ _____
2) _____	/ _____
3) _____	/ _____

I accept full financial responsibility for charges incurred as a result of any medical decisions made by the above listed individual (s).

Pet owner's signature / _____
Print name clearly

Witness

Date