

# Pet Care Authorization for Veterinary Services

**Date:** [Insert Date]

## To Whom It May Concern,

I, [Your Name], the owner of [Pet's Name], authorize [Veterinarian's Name or Veterinary Clinic Name] to provide veterinary services for my pet during my absence.

## Pet Information:

- Pet Name: [Pet's Name]
- Species: [Dog/Cat/etc.]
- Breed: [Breed]
- Age: [Age]
- Color: [Color]

I grant permission for the veterinarian to perform necessary medical treatments and procedures as deemed appropriate for my pet's health and welfare.

## Owner's Contact Information:

- Name: [Your Name]
- Phone: [Your Phone Number]
- Email: [Your Email Address]

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if printed)]

[Your Printed Name]