

KANSAS CITY VETERINARY CARE, L.C.

7240 Wornall Road • Kansas City, MO 64114 • 816 333-4330 • Fax 816 333-7043 • www.kcvetcare.com

Pet Care Authorization

I, _____, do hereby certify that I am the owner of :

_____.

I authorize _____ to bring my pet(s) to Kansas City Veterinary Care, L.C. in my absence for treatment. I understand that I am responsible for all charges incurred.

This authorization expires _____.

(Signature)

(Date)

Additional Comments/Instructions

