

KANSAS CITY VETERINARY CARE, L.C.
Ward W. Brown, DVM • Brock W. Exline, DVM • Bryan A. Reed, DVM
Paul Diehl, DVM • Corey A. Entriken, DVM

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

