



**Palmer Veterinary Clinic**

Mi. 39.5 Glenn Hwy. / 745-3219

**PERMISSION TO GRANT TREATMENT**

Today's Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client's Phone#: \_\_\_\_\_

Pet(s) Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Caring for Pet(s): \_\_\_\_\_

Phone #: \_\_\_\_\_

Owner out from \_\_\_\_\_ to \_\_\_\_\_

Method of payment for treatment:  Credit Card  Cash  Check

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Office Use Only***

Message taken by: \_\_\_\_\_