



Animal Hospital of Redondo Beach
 820 Torrance Blvd
 Redondo Beach, Ca 90277
 Phone (310) 540-9044* Fax (310) 540-1667
 info@ahorb.com

Permission To Treat Release Form

Owner's Name: _____

Date: _____

Address: _____
 Street Address

_____ City St zip

Animal Name: _____

Species: _____

Date of Birth: _____

Sex: _____

Breed: _____

I, _____, here by authorize my pet sitter to bring in

Owner's name

_____ for medical treatments.

Pet's Name

The Animal Hospital of Redondo Beach has my permission to:

Administer any necessary medical treatment & diagnostics at my cost. Please treat my pet as you would your own.

a) At any time when owners are not reachable

b) Only on dates of _____ to _____

 Owner's Signature

 Date

 Witness Signature

 Date

This contract is a promise to pay The Animal Hospital of Redondo Beach for services rendered upon my return.