



1140 North Higley Road Mesa, AZ 85205 480-981-8387

## Authorization For Treatment In Owners Absence

I, \_\_\_\_\_, authorize  
\_\_\_\_\_ to approve of any treatment as deemed  
necessary by the Veterinarians of Brown Road Animal Clinic in my absence for  
these dates from \_\_\_\_\_ to \_\_\_\_\_. The maximum this  
authorization is good for is 1 year and I understand I will need to fill out a new  
form each year if needed.

Owners Print Name \_\_\_\_\_

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Print name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_