

WASILLA VETERINARY CLINIC

2750 E. Parks Hwy

Wasilla, AK 99654

907-376-3993

wasilla@nvanet.com

I _____ will be out of town

From _____ to _____.

I give authorization for _____ to
bring my pet(s) to Wasilla Veterinary Clinic for treatment if it is needed
during my absence. I wish to set a dollar amount of

\$ _____ and I authorize my credit card stored on file to be used
for veterinary services at time rendered.

I can be contacted at the following number(s) in case of an emergency

My email address is:

Sign _____ Date _____