

I, \_\_\_\_\_, give St. Mark's Veterinary Hospital the authority to charge my  
\_\_\_\_\_, number \_\_\_\_\_, expiration date (mm/yy) \_\_\_\_\_, exclusively for the care/  
treatment of my pet \_\_\_\_\_ during this time frame (mm/dd/yy - mm/dd/yy) \_\_\_\_\_.  
The charge can be unlimited (Yes No ) or up to \_\_\_\_\_. I understand that the veterinarians of St.  
Mark's Veterinary Hospital will try to contact me before any procedures are done or any charges are put  
through. This letter authorizes them to care for my pet if I cannot be reached. I understand that all procedures  
and diagnostics performed are judged to be medically necessary for the well being of my pet by the doctors of  
St. Mark's Vet.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_