

Animal Health Clinic of Funkstown
PO Box 669
26 East Baltimore Street
Funkstown MD 21734

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I give my permission to the "Animal Health Clinic of Funkstown", to treat my pet (s) while I will be out of town.

I will be away between the dates of _____ and _____.

I will assume all financial responsibility when I return.

Signature

Phone Number While I am away if known