

UNLEASHED Pet Resort

Boarding - Pampering Your Pet

Owner: Cynthia McCarter

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7928 Stinson Hartis Road - Indian Trail, NC 28079

www.UnleashedPetResort.com

AUTHORIZATION FOR TREATMENT

I, _____ authorize my veterinarian,
_____ to provide any information
necessary for proper care and treatment of my dog, _____
in my absence.

Second dog, if applicable.

I, _____ authorize my veterinarian,
_____ to provide any information
necessary for proper care and treatment of my dog, _____
in my absence.

This form will remain on file at Unleashed to be used any time a situation may arise.

Date: _____

Signature: _____

Print: _____