



Bradford Veterinary Clinic
176 Waits River Road
Bradford VT 05033
(802) 222-4903
(802) 222-4989 fax
www.bradfordvet.com

_____ has my permission to make treatment and financial decisions for my pet, _____, from _____ to _____.

For financial decisions, I will be responsible for any payment required whether I was present to make this decision or not. For treatment decisions, I will not hold Bradford Veterinary Clinic or its representative(s) liable for any decisions made.

Signed (Owner or Authorized Agent)

Date

Print Name