

Z PET HOTEL & SPA  
1196 Harrison Rd.  
Santa Fe, NM 87507

## PERMISSION FOR CARE IN ABSENCE OF OWNER

I, \_\_\_\_\_, with regards to my pet(s), \_\_\_\_\_.

\_\_\_\_\_, \_\_\_\_\_, authorize Z Pet Hotel & Spa and its representative(s) to obtain medical care in case of an emergency during the following time periods, in my absence.

- During the following time periods beginning \_\_\_\_\_ and ending \_\_\_\_\_

I prefer that \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, be taken to my veterinary of record listed below:

\_\_\_\_\_  
\_\_\_\_\_

**- OR -**

**Z Pet Hotel & Spa's current veterinarian:**

Dr. Jeannette M. Kelly, DVM  
Veterinary Cancer Care  
2001 Vivigen Way, Ste. B  
Santa Fe, NM 87505

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

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

**Z PET HOTEL & SPA REPRESENTATIVE**