



**(715)424-4440**

**1211 Huntington Ave, Wisconsin Rapids, WI 54494**

**Dr. Tammy Hofstad**

**Dr. Beth Macias**

**Dr. Amber Likens**

**Departure Date:**

**Return Date:**

**Pets being cared for:**

**Person caring for pet in absence: \_\_\_\_\_**

**Phone Number(s) \_\_\_\_\_**

**Please Check the following:**

**Agent listed above is responsible for my pet(s) while I am away and will make ALL decisions regarding veterinary care.**

**I wish to be contacted for ALL decisions regarding veterinary care. If I cannot be reached I appoint the following person to act on my behalf.**

**Client Signature:**

**Date**