



# SVI 2021 Canine Treatment Authorization

## Canine Information

Working dog name: \_\_\_\_\_

Working dog breed \_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_

Medical History \_\_\_\_\_

Previous surgery \_\_\_\_\_

Allergies to medications \_\_\_\_\_

Medications: \_\_\_\_\_

## Financial Authorization

I authorize the use of my card number to be used only during the 2021 Sailing for the Visually Impaired event, October 9, 2021 to pay for any emergency or urgent medical expenses that my working dog may require.

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

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name (as it appears on the card):  
\_\_\_\_\_

Please scan and email this form to [SVI@ALYC.com](mailto:SVI@ALYC.com)

This form can also be mailed to

**American Legion Yacht Club**

**215 15th Street**

**Newport Beach, CA 92663**