

Aliso Beach Animal Clinic
Dr. Susan Davis, D.V.M.
Dr. Paul Reid, D.V.M.
30816 Coast Hwy.
South Laguna, CA 92651
(949) 499-4190

Insurance Authorization Letter

I hereby authorize Aliso Beach Animal Clinic to submit insurance forms, invoices, and medical records, if requested, for my pet _____, to my insurance company. I also understand that there will be a fee for this service which will be charged annually in January.

Signature: _____

Date: _____