



Veterinarian Authorization

Pet Name(s) _____

Veterinarian _____ Address _____

Phone Number _____ Emergency Contact _____

During my various absences, Pet n' Vet Support Services will be caring for my animal(s). They have my permission to transport them to and from your hospital or request "on site" treatment from your office as is deemed necessary. I authorize you to treat my animal(s) and I will be fully responsible for **all fees and charges** incurred on my behalf via phone payment or upon my return. I further authorize you to give out any information about my animal(s) to Pet n' Vet Support Services or a representative of Pet n' Vet Support Services.

Client Initials _____

Urgent or Emergency Veterinary Treatment:

This form will be retained on file and will be used to authorize urgent/emergency veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change your general veterinarian please notify Pet n' Vet Support Services before service dates.

Client Name _____

Address _____

Home Phone _____ Mobile Phone _____

Work Phone _____ Email _____

To whom it may concern:

I have contracted for services from Pet n' Vet Support Services during my absence and I authorize Pet n' Vet Support Services to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s).

Special Instructions: _____

If I cannot be reached and veterinary treatment is urgent, I authorize a financial limit of \$ _____

I authorize Pet n' Vet Support Services to act on my behalf in the decision in the unfortunate event of euthanasia deemed necessary for my pet(s) due to a poor prognosis made by any veterinary clinic.

Special remain instructions: _____

I authorize you to treat and/or hospitalize my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

Client Signature _____ Date _____