

VETERINARIAN AUTHORIZATION FORM

Veterinarian _____

Pets Name/Names _____

During my various absences, I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that incur on my behalf upon my return.

Client Signature _____

Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize urgent 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.

Pet Name-Description-Maximum Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If multiple pets require treatment, do not exceed a combined total or \$ _____

I authorize you to treat 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 Date