



VETERINARIAN AUTHORIZATION

Vet \_\_\_\_\_ Pet and Client Name/Names \_\_\_\_\_ / \_\_\_\_\_

During my various absences, Whiskers2Tails Pet Care will be caring for my animal(s). They have my permission to transport them to and from your office or, in the case of large animals, 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 and will pay for all charges they incur on my behalf upon my return. I further authorize you to give out any information about my animal(s) to Kim Sloggett, the owner of Whiskers2Tails Pet Care. Client Initials \_\_\_\_\_

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. WE WILL NOT TAKE PETS TO THE VET UNLESS YOU ARE CONTACTED EXCEPT IN CASES OF EMERGENCY. Should you change Vets please notify Whiskers2Tails Pet Care before service dates.

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

To whom it may concern: I have contracted for services from Whiskers2Tails Pet Care during my absence and I authorize Whiskers2Tails Pet Care 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), not to exceed the following amounts for each pet:

Pet Name- Description- Maximum Amount	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If multiple pets require treatment, do not exceed a combined total of \$\_\_\_\_\_.

Special Instructions: \_\_\_\_\_

Whiskers2Tails Pet Care reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Preferred Urgent Veterinary Care Clinic \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

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