

Veterinarian Authorization

Pet Name(s) _____
Veterinarian _____
Address _____
Phone Number _____ Emergency Contact _____

During my various absences, Pets Are People Too will be caring for my animal(s). They have my permission to transport them to and from your office 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** and will pay for all charges incurred on my behalf upon my return. I further authorize you to give out any information about my animal(s) to **Pets Are People Too**.

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 you pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change veterinarians, please notify Pets Are People Too before service dates.

Client Name: _____
Address: _____
City/State: _____ Zip Code: _____
Home Telephone: _____ Cell: _____ Work: _____

To Whom It May Concern: I have contracted for services from Pets Are People Too during my absence and I authorize them 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: _____

Pets Are People Too reserves the right to utilize the services of any available veterinary clinic.

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 incurred on my behalf immediately upon my return.

Client Signature _____ Date _____