Permission to Treat/ Veterinarian Authorization Form

Pet's Name: _____

Pet Sitter/ Kennel/ Other Name: _____

Pet Sitter/ Kennel/ Other Phone No: _____

Pet Sitter/ Kennel/ Other Address: _____

_____

I, _____ give permission for _____ to care for my pet in my absence. He/ she has my permission to transport them to and from your clinic or request "on site" treatment from your office as is deemed necessary. I authorize _____ to treat and/ or make any decisions in regards to my pet in a matter that is best suited to my pet's condition and I state that ***we*** will be fully responsible for all fees and charges and will pay for all charges incurred on my pet's behalf upon the day of service. I further authorize you to give out any information about my pet to _____.

Client Name: _____

Client No: _____

Signature: _____

Date: _____