



## *Martha's Dog and Cat Services*

### **Urgent Veterinary Treatment Authorization**

**Client's Name:** \_\_\_\_\_

**Name(s) of Pet(s):** \_\_\_\_\_

**Vet's Name:** \_\_\_\_\_

**Vet's Address:** \_\_\_\_\_

**Vet's Phone Number:** \_\_\_\_\_

Vet: During my various absences, **Martha Hand** will be caring for my pet(s), both named and not named above. She has 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 pet(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 pet(s) to **Martha Hand**, the owner of **Martha's Dog and Cat Services**.

Client: 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 I am unable to contact you at the time. Should you change vets, please notify me before service dates.

Best way to reach client in case of a medical emergency with a pet, while client is not at home:

Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_ Other phone: \_\_\_\_\_

**Martha Hand** reserves the right to utilize the services of any available veterinary clinic if my regular vet is unavailable. **YES or NO?**

I have a credit card on file at my regular vet's office. **YES or NO?**

I have a credit card on file at an emergency (24 hour) vet's office. **YES or NO?**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date