

Office Use Only:

Family Name: _____ Client ID: _____ Date: _____



VETERINARY AUTHORIZATION CONSENT FORM

To be filled out by the owner and used in case their pet(s) needs emergency care at:

Owner Name: _____ Phone Number: _____

Address: _____

Departure Date _____ Return Date _____

Contact Phone Number(s) while you are away: (____) _____ (____) _____

Person(s) taking care of pet during absence:

Name _____

Phone # _____

Address: _____

Please check one of the following statements:

The agent above is responsible for my pet(s) while I am away and will be able to **make all decisions regarding veterinary care.**

The agent stated above is responsible for my pet(s) while I am away. **For decisions regarding veterinary care, I wish to be contacted.** If I cannot be reached, I appoint the following person to act on my behalf:

Name _____ Phone # _____

FINANCES:

I authorize **any amount necessary** for the treatment of my pet at stated hospital.

I authorize **a maximum of \$**_____ to be used towards my pets' care at stated hospital.

Owner Signature: _____

Date: _____

Visa or MasterCard Number: _____

Expiration Date: _____

Name (as it appears on the card): _____

Cardholders Signature: _____

Description of pet 1:

Name _____

Birth date _____

Sex (check one): Female Spayed female Male Neutered male

Breed: _____

Medical History (Don't forget to mention any medications your pet may be currently taking):

Description of pet 2:

Name _____

Birth date _____

Sex (check one): Female Spayed female Male Neutered male

Breed: _____

Medical History (Don't forget to mention any medications your pet may be currently taking):

Description of pet 3:

Name _____

Birth date _____

Sex (check one): Female Spayed female Male Neutered male

Breed: _____

Medical History (Don't forget to mention any medications your pet may be currently taking):
