Authorization for Veterinary Services

Authorization

|  |
| --- |
| In my absence, I authorize Linda Michaels to contract for any necessary first aid or emergency veterinary care for my pet(s) listed below, up to a maximum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Additional dollar amounts require express authorization from me. If I cannot be reached, authorization may be granted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who may be reached at (phone number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

Pet Information

|  |  |
| --- | --- |
| **Pet 1** | **Pet 2** |
| Name: | Name: |
| Age: | Age: |
| Sex: | Sex: |
| Breed: | Breed: |

Veterinary Information – If possible, please provide Google maps with directions from your home to both veterinary offices.

|  |  |
| --- | --- |
| **Regular Veterinarian** | **Emergency Veterinarian** |
| Phone: | Phone: |
| Address: | Address: |

This authorization is valid and grants permission for future veterinary care without the need for additional authorizations while my pets are under the care of Linda Michaels.

Payment Information

|  |  |
| --- | --- |
| Should my veterinarian not already have a record of my current payment method, payment method is as follows. (**It is preferred that your veterinarian be supplied with the necessary billing information in advance. If not, please supply it below).** | |
| Type of Credit Card: | Account Number: |
| Name on Credit Card: | Expiration Date: |

For your protection and mine - your property, pets and keys are fully insured by the Business Insurers of the Carolinas. However, if your yard is not sufficiently fence secured, although I will try my best to bring your pet home if he/she escapes, I cannot take responsibility for the escape. Also, I will make every effort to protect your property, but if your pet soils or chews, I cannot be responsible for any damage the pet may cause to your property, floors or carpeting. I will try my best to see that no damage occurs. I will make every effort to see that you come home to a happy, healthy pet.

Pet Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_