

Veterinary Treatment Authorization Form

This form will be retained on file and will be used to authorize urgent veterinary treatment in the event that your pet(s) requires care during your absence and we are unable to contact you.

Client Name _____
Address _____
City _____ Zip Code _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

To Whom It May Concern:

I have contracted for services from The Traveling Companion during my absence and I authorize The Traveling Companion to act on my behalf to request veterinary treatment and service if necessary.

I accept full responsibility for any/all charges incurred in the treatment of my pet(s), not to exceed the following amounts for each pet:

<u>Pet Name</u>	<u>Description</u>	<u>Maximum \$ Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Client Signature _____ Date _____

The Traveling Companion reserves the right to utilize the services of any available veterinary clinic. If time permits, The Traveling Companion will utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful to the clinic who is providing treatment, (can request documentation/records).

Primary Veterinary Clinic _____
Address _____
Phone Number _____
Veterinarian _____

If the unthinkable happens, what are your wishes for your pet's remains?
_____ Initial here: _____