



VETERINARY AUTHORIZATION

Pet(s) name:	
Veterinarian:	Phone number:
Address:	

During my absence, K9 Tails On Trails will be caring for my pet(s). They have my permission to transport them to and from your office or request "on site" treatment from your office as 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 K9 Tails On Trails.

Client Initials _____

URGENT VETERINARY TREATMENT AUTHORIZATION

This form will be retained on file and will be used to authorize urgent veterinary treatment in the event that your pet(s) require treatment during your absence and we are unable to contact you at the time. Should you change vets, please notify K9 Tails On Trails before service dates.

Client name:	
Address:	City:
Zip:	Home Phone:
Work Phone:	Cell Phone:
Emergency contact:	E.C. Phone:

I have contracted for services from K9 Tails On Trails during my absence, I authorize K9 Tails On Trails to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s).

Client Initials _____

VETERINARY AUTHORIZATION



K9 TAILS ON TRAILS RESERVES THE RIGHT TO UTILIZE THE SERVICES OF ANY AVAILABLE VETERINARY CLINIC.

I authorize you to treat my pet(s) and I will be fully responsible for all fees and charges. I will pay for all charges that are incurred on my behalf, immediately upon request.

Please treat my animal(s) up to \$_____ without my consent.

Special Instructions:

Client Signature: _____ Date: _____