



Veterinary Treatment Authorization

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

- **Should you change veterinarians please notify Deb's Pet Buddies, LLC prior to your next service date, so we may update our records.**

Deb's Pet Buddies, LLC reserves the right to utilize the services of any available veterinary clinic. If time permits, Deb's Pet Buddies, LLC will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

***This form MUST be signed to authorize treatment.**

Client Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell _____

Primary Veterinarian _____

Address _____ City _____ State _____ Zip Code _____

Phone _____

To whom it may concern:

During my absence a representative of **Deb's Pet Buddies, LLC** will be caring for my pet. I give **Deb's Pet Buddies, LLC** my permission to transport my pets to my veterinarian (or to a pet emergency clinic). In the event I cannot be reached, I authorize **Deb's Pet Buddies, LLC** to act as an agent on my behalf regarding my pet's medical care. I accept full responsibility for charges incurred in the treatment of my pet, not to exceed the following amounts for each pet:

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

Check here if additional pets are listed on the reverse side.

I authorize veterinary treatment for my animal(s) during my absence. I understand that **Deb's Pet Buddies, LLC** assumes no responsibility for the loss of any pet(s) and is released from all liability related to transportation, treatment, and expense.

I have made advance arrangements with my primary veterinarian to pay all charges and fees that are incurred on my behalf, immediately upon my return.

***Signed** _____ **Date** ____/____/____