

The Purr-Fect Pet Buddies Co.

In-Home Pet Sitting
Cecilia (619) 864-0997

Trustworthy Care While You're Away!

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 urgent treatment during your absence and we are unable to contact you at this time. Should you change vets, please notify **The Purrfect Pet Buddies Co.** before service dates:

Client Name: _____

Address: _____

Home Ph: _____ cell # _____

To Whom It May Concern: I have contracted services from **The Purrfect Pet Buddies Co.** during my absence and I authorize **The Purrfect Pet Buddies Co.** to act on my behalf to request veterinary treatment and services when they deem necessary. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts for each pet:

Pet Name – Description:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If multiple pet require treatment, do not exceed \$ _____

The Purrfect Pet Buddies Co. reserves the right to utilize the services of any available veterinary clinic.

If time permits, we 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:

Primary Veterinary Clinic:

Address: _____

Phone # _____

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges incurred on my behalf, immediately upon my return:

Credit Card if I cannot be reached:

The Purr-Fect Pet Buddies Co.

Name on Card:

EXP _____

Maximum amount authorized _____ Authorized charges to this card are for veterinarian services/pet medications ONLY

Pet Owner
Date

Date

The Purrfect Pet Buddies Co.

