

VETERINARIAN/TRANSPORT AUTHORIZATION

Pet Name(s) _____
Veterinarian: _____
Address _____
Phone # _____

During my absence, **My Pet's Butler** 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 establishment 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. I also authorize you to give out any information about my pet(s) to My Pet's Butler.

Client Initials _____

URGENT VETERINARY TREATMENT AUTHORIZATION

This form will be kept on file and will be used to authorize **urgent** veterinary treatment in the event that your pet(s) require such treatment during your absence and My Pet's Butler made every effort to contact you. Please inform My Pet's Butler should you change veterinarians before service dates.

Client Name: _____
Address: _____
City/Province: _____
Postal Code: _____
Home # _____ Work # _____ Cell # _____

To whom it may concern: I have contracted services from My Pet's Butler, during my absence I authorize My Pet's Butler 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):

Special Instructions:

Owner authorizes My Pet's Butler to seek medical services at the closest Veterinarian Hospital, if a medical emergency arises and time is of the essence.

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

(Date)

(Client Signature)

(My Pet's Butler/Owner Signature)