



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 while he/she is in our care, and we are unable to contact you at the time. Should you change vets, please notify Daytime Dogs and Friends before your next service date. Every effort will be made to contact you before obtaining emergency care.

Client Name: _____

To Whom It May Concern:

I have contracted for services from Daytime Dogs and Friends, and I authorize Daytime Dogs and Friends and its representatives to act on my behalf to transport and request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s).

Special Instructions: _____

Daytime Dogs and Friends reserves the right to utilize the services of any available veterinary clinic. If time permits, Daytime Dogs and Friends will make every 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 Veterinarian: _____

Street address: _____

Telephone: () _____ / Cell: () _____

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

Signature of Owner _____

Print Name _____

Date ___/___/___

Signature of Daytime Dogs and Friends

Representative _____

Date ___/___/___