

VIS-A-PET Home Pet Care

VETERINARIAN AUTHORIZATION

I, _____, give permission for VIS-A-PET Home Pet Care, to seek any medical attention for my pet(s) that may be necessary while under its care, at the following location where I am established as a client that has all of my pet(s) records:

Doctor Name: _____

Office Name: _____

Office Address: _____

Office Phone: _____ After Hours: _____

I further authorize you to give out any information pertaining to my pet(s) to VIS-A-PET Home Pet Care. In the event of an emergency and if my regular veterinary office is not available, then my pet(s) may go to an emergency vet in the area to be determined at VIS-A-PET's discretion and I will repay VIS-A-PET upon completion for any services rendered.

VIS-A-PET will not be responsible, personally or otherwise, for payment of any veterinary services rendered.

Client agrees to reimburse VIS-A-PET for all expenses related to transport, boarding, and special care of Client's pet(s).

I understand that VIS-A-PET will make reasonable efforts to contact me first and will also use its best judgment as to care and well-being of my pet(s).

Client

Date

Your veterinarian may require your credit card number be on file for billing purposes.

Please provide a completed copy of this form to your vet for their office records.