



Veterinarian Authorization

Client Name _____
Pet Name(s) _____
Address _____
Email _____ Home Phone _____
Mobile Phone _____ Work Phone _____

Veterinary Hospital _____
Veterinary Address _____

During my various absences, The Traveling Pet Nurse will be caring for my animal(s). They have my permission to transport them to and from your hospital or request "on site" treatment from your office as is deemed necessary. I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges incurred on my behalf via phone payment or upon my return. I further authorize you to give out any information about my animal(s) to The Traveling Pet Nurse.

Client initials _____

Urgent or Emergency Veterinary Treatment:

This form will be retained on file and will be used to authorize urgent/emergency veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change your general veterinarian please notify The Traveling Pet Nurse before service dates.

To whom it may concern:

I have contracted for services from the Traveling Pet Nurse during my absence and I authorize The Traveling Pet Nurse to act on my behalf to 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: _____

If I cannot be reached and veterinary treatment is urgent, I authorize a financial limit of \$ _____

I authorize The Traveling Pet Nurse to act on my behalf in the decision in the unfortunate event of euthanasia deemed necessary for my pet(s) due to a poor prognosis made by any veterinary clinic.

Special remain instructions: _____

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

Client Signature _____ **Date** _____