

Ruffly Purrfect Pet Services

Client # _____

VETERINARIAN AUTHORIZATION

Vet _____ Pets Name(s) _____

During my various absences, Ruffly Purrfect Pet Services will be caring for my pet(s). They have my permission to transport them to and from your office or, in the case of large pets, request "on site" treatment from your office as is 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 they incur on my behalf upon my return. I further authorize you to give out any information about my pet(s) to Kerry See, the owner of Ruffly Purrfect Pet Services.

Client Initials _____

Ruffly Purrfect Pet Services

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 such treatment during your absence and we are unable to contact you at the time. This form must be signed to authorize treatment. *Please be sure your vet retains a copy of this form in your pets' medical files.* Should you change Vets please notify Ruffly Purrfect Pet Services before service dates.

Client Name: _____

Address: _____

City: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Mobile/Pager: _____

To whom it may concern: I have contracted for services from Ruffly Purrfect Pet Services during my absence and I authorize Ruffly Purrfect Pet Services 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), not to exceed the following amounts for each pet:

Pet Name- Description- Maximum Amount

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

If multiple pets require treatment, do not exceed a combined total of \$_____.

Special Instructions: _____

Ruffly Purrfect Pet Services 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.

Preferred **Urgent** Veterinary Care

Clinic _____ Address _____ Telephone _____

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 that are incurred on my behalf, immediately upon my return. Credit Card If I cannot be reached

Name _____ # _____ Exp. _____

Max. Charge Authorized _____ . Authorized charges to this card are for Veterinarian Services/Pet Medications **ONLY**.

Signed

Date