



Pawfect Walks with Sue

Veterinarian Treatment Document

SECTION 1 Client contact details

Name			
Address			
Home phone number		Mobile number	
Emergency contact(s) details			

SECTION 2 Client veterinarian details

Name of practice			
Address			
Phone number			

SECTION 3 Details of pet(s)

Type of pet(s)			
Name(s) of pet(s)			
Breed, age & gender of pet(s)			
Is your pet neutered/spayed?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Details of any known medical conditions			

SECTION 4 Pet insurance

Is your pet insured?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of insurance company	
Phone number	
Policy number	
Level of insurance cover	

SECTION 5 Agreement

I, the undersigned, and give Pawfect Walks with Sue permission to transport my pet(s) to the nearest veterinarian(s) and authorise treatment in the event of an emergency or illness. In this event, I authorise the chosen veterinarian to administer any necessary medical treatment - this also includes euthanasia should the veterinarian feel this is the necessary and required course of action to follow. I also acknowledge that I will be responsible for any costs upon myreturn.

If out of hours emergency care is required, my pet(s) may be taken to the nearest veterinarian which provides the necessary out of hours veterinarian care. I agree that Pawfect Walks with Sue will not be held liable in relation to any such transportation, treatment, or any other related costs.

I give permission Pawfect Walks with Sue to approve treatment up to amount stated below.

I agree to be responsible for all costs incurred upon my return including, but not limited to, veterinary fees, extra visits plus transportation costs as well as costs for proprietor's time.

Please Note:

It is the pet owner's responsibility to Pawfect Walks with Sue should any of the above information change

Pawfect Walks with Sue require all dogs to be neutered/spayed before the age of 9 months.

This document will remain valid for all current and future visits unless a new document is signed.

Clients name: :	Veterinarian's name: :
Clients signature:	Amount of treatment
Date:	(input maximum £ amount or "no limit")

Let us do the leg work for you.