**Veterinary Information - Treatment Authorization**

Veterinary Name: Phone:

Address:

City: State: Zip:

If any of my pets become ill, I authorize Home Pawtrol, LLC to transport them to the above-named veterinarian or to the closest emergency veterinarian facility. The veterinarian is to contact me for authorization to treat. If I am unable to be reached, the veterinarian clinic is authorized to treat my pet at their discretion.

Any and all charges incurred for treatment are my responsibility, and I authorize the veterinarian to charge up to $\_\_\_\_\_\_\_\_\_\_\_ for treatment. If the veterinarian requires a credit card for payment, I will provide the relevant information upon being contacted, or leave a credit card number on file with the veterinarian clinic.

**All pets in the care of Home Pawtrol, LLC must be current on Rabies vaccinations.**

Pet Guardian Full Name:

Pet Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_