

Medical Treatment Authorization

To Whom It May Concern:

1. *Kennel* is the present *pet care provider* for my Dog. I hereby authorize and voluntarily consent to having *Kennel* arrange, direct, sign for and consent to any and all routine or emergency medical care and treatment necessary to preserve the health of my Dog. Information is set forth below.

2. _____ (***Name of Pet Owner***) acknowledges that he is responsible for all reasonable charges in connection with the care and treatment rendered and acknowledges that no guarantees have been made as to the effect of such treatment rendered.

Pet Information

Name: _____

(Approx) Date of Birth: _____

Primary Vet Info

Name: _____

Phone number: _____

Sex: _____

Sterilized: ____Y____/____N____

Medical Conditions:

Date

Printed name

Signature of pet owner