



BARKS TO BARNYARDS

Emergency Vet Care Authorization Form

678-822-7042 | barkstobarnyards@yahoo.com | www.barkstobarnyards.com

Client Name: _____

Phone Number: _____

Email: _____

Pet(s)/Animal(s) Name(s): _____

Species/Breed(s): _____

Regular Veterinarian: _____

Vet Phone: _____

Preferred Emergency Vet (if different): _____

Emergency Vet Phone: _____

Authorization for Emergency Veterinary Care

In the event of a medical emergency involving my animal(s) while under the care of **Barks to Barnyards**, I hereby authorize **Barks to Barnyards** and its agents to seek immediate veterinary care for my animal(s) as deemed necessary.

I understand that every effort will be made to contact me prior to seeking medical treatment. However, if I cannot be reached, I authorize Barks to Barnyards to approve emergency treatment recommended by a licensed veterinarian.

- ☐ I authorize up to \$_____ in emergency veterinary care costs without prior notice.
- ☐ I authorize any and all emergency treatment deemed necessary, regardless of cost.
- ☐ I do not authorize veterinary care without prior contact. (Note: this may delay emergency treatment.)



I agree that I am responsible for all medical expenses incurred on behalf of my animal(s) and will reimburse Barks to Barnyards for any out-of-pocket costs.

Additional Notes or Instructions:

Signature: _____

Date: _____