



PRIME TIME DOG WALKERS

Veterinary Treatment Authorization

Client # _____

This form will be retained on file at **Prime Time Dog Walkers** and will be transferred to our vehicle(s) when your pet is in our care. In the event of an emergency **Prime Time Dog Walkers** will always first try to contact you the pet owner. In the event that your pet requires treatment and we are unable to contact you or during your absence, this form will be used to authorize veterinary treatment.

A copy of this form will be sent to the primary veterinarian listed below and will be retained in your pet's medical file. Should you change veterinarians please notify **Prime Time Dog Walkers**, prior to your next service date, so we may update our records.

Prime Time Dog Walkers reserves the right to utilize the services of any available veterinary clinic. If time permits, **Prime Time Dog Walkers** 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.

Owner's Info:

Last Name: _____ First Name: _____
Email: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: _____ City: _____ Zip: _____

Pet's Info:

Name: _____ Date of Birth: _____ Breed(s): _____ Sex: _____
Special Instructions (including medications and known medicine allergies): _____

Veterinarian Info*:

Clinic: _____ Phone: _____
Preferred doctor: _____
Address: _____ City: _____ Zip: _____

In the event of an emergency, if I am not available or cannot be reached, **Prime Time Dog Walkers** has my permission to transport my pet to the _____ (veterinarian), and to act as my agent on my behalf regarding my pet's medical care.

If this veterinarian is not available or not the closest vet available in a dire emergency, I authorize **Prime Time Dog Walkers** to transport my pet to a veterinarian of choice and to authorize treatment of said pet. I further authorize **Prime Time Dog Walkers** or its representatives and my primary veterinarian(s) to share all of the medical records of my pet with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured pet.

I agree to pay for emergency veterinary care up to and including the amount of \$_____. You are not authorized to provide care which will exceed this amount. I hereby relieve the veterinarian and **Prime Time Dog Walkers** and its representatives for and responsibility for injury and/or death of my pet which may have been prevented by care beyond the financial limit I authorized. I agree to reimburse **Prime Time Dog Walkers** for emergency veterinary care within 2 weeks of the initial incident.

I agree that **Prime Time Dog Walkers** and its representatives are released from all liability related to transportation to and from the veterinarian in the case of an emergency.

This agreement is valid from the date signed by the owner, until service is terminated.

Owner's signature: _____ **Date:** _____
Print name: _____

*It is recommended that you set up a prior payment plan with your vet in event of emergency during your absence.