



VETERINARIAN AUTHORIZATION

Vet _____ Pets Name/Names _____

During my various absences, Michelle Heathman dba Michelle The Dog Lady, will be caring for my animal(s). She has my permission to transport them to and from your office as is deemed necessary. I authorize you to treat my animal(s) and I will be fully responsible for **all fees and charges** and will pay for all charges they incur on my behalf upon my return. I further authorize you to give out any information about my animal(s) to Michelle Heathman, dba Michelle The Dog Lady.

Client Initials _____

**Michelle the Dog Lady
Urgent Veterinary Treatment Authorization**

This form will be retained on file and will be used to authorize **urgent** veterinary treatment in the event that your pet(s) require such treatment during your absence, and we are unable to contact you at the time. Should you change Vets please notify Michelle The Dog Lady before service dates.

Client Name: _____

Address: _____

City: _____ ZIP: _____ Email: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

To whom it may concern: I have contracted for services from Michelle The Dog Lady during my absence and I authorize Michelle The Dog Lady to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts for each pet:

Pet Name | Description | Maximum Amount

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

If multiple pets require treatment, do not exceed a combined total of \$ _____

List of pet's current medications: _____

Special Instructions: _____

Michelle The Dog Lady reserves the right to utilize the services of any available veterinary clinic. If time permits, we 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.

Preferred **Urgent** Veterinary Care Clinic _____ Address _____ Telephone _____

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

Client

Date

Michelle Heathman
DBA Michelle The Dog Lady