



SHERMAN'S DOG WALKING & PET SERVICES

VETERINARIAN AUTHORIZATION

VET NAME _____

PET NAME/NAMES _____

DURING MY VARIOUS ABSENCES, SHERMAN'S DOG WALKING AND PET SERVICES WILL BE CARING FOR MY ANIMAL(S). THEY HAVE MY PERMISSION TO TRANSPORT THEM TO AND FROM YOUR OFFICE OR, IN THE CASE OF LARGE ANIMALS, REQUEST "ON SITE" TREATMENT 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 INCURRED ON MY BEHALF UPON MY RETURN. I FURTHER AUTHORIZE YOU TO GIVE OUT ANY INFORMATION ABOUT MY ANIMAL(S) TO **TIMOTHY & JILL SHERMAN** THE OWNERS OF **SHERMAN'S DOG WALKING AND PET SERVICES**.

CLIENT INITIALS _____

SHERMAN'S DOG WALKING AND PET SERVICES 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 SHERMAN'S DOG WALKING AND PET SERVICES BEFORE SERVICE DATES.

CLIENT

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

TO WHOM IT MAY CONCERN: I HAVE CONTRACTED FOR SERVICES FROM SHERMAN'S DOG WALKING AND PET SERVICES DURING MY ABSENCE AND I AUTHORIZE SHERMAN'S DOG WALKING AND PET SERVICES 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):

SPECIAL INSTRUCTIONS: _____

SHERMAN'S DOG WALKING AND PET SERVICES RESERVES THE RIGHT TO UTILIZE THE SERVICES OF ANY AVAILABLE VETERINARY CLINIC.

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'S SIGNATURE: _____ DATE _____