

(Brunell Pet Services) Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence, while in our care, and we are unable to contact you at the time. Should you change veterinarians please notify (Brunell Pet Services) before service dates. A copy will be sent to the primary veterinarian listed below to be retained in the pets' medical file. * This form MUST be signed to authorize treatment.

Name: _____

Address: _____

City: _____ ZIP: _____

Home phone: _____ Work phone: _____

Cell/Pager: _____ Other: _____

To whom it may concern: During my absence a representative of (Brunell Pet Services) will be caring for my pet(s). I give (Brunell Pet Services) my permission to transport my pets to my veterinarian (or to an emergency clinic). In the event I cannot be reached I authorize (Brunell Pet Services) to act as an agent on my behalf regarding my pets' medical care. 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
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

_____ check here if additional pets are listed on the reverse side

(Brunell Pet Services) 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.

Veterinary Clinic: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

After hours and weekends: (Emergency Clinic Name and Location)

Veterinary Clinic: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

I authorize veterinary treatment my animal(s) during my absence. I understand that (Brunell Pet Services) assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I have made advance arrangements with your office to pay all charges and fees that are incurred on my behalf, immediately upon my return.

*Signed _____

OR: M/C Visa Other _____ Name on card: _____

Card number & exp date : _____

Maximum charge authorized for veterinary care only _____

* Signed _____