

WESTARBOR ANIMAL HOSPITAL

Permission to Treat/ Veterinarian Authorization Form

Owner's Name:

Owner's Address:

Owner's Phone Number:

Owner's Emergency Contact Number:

Pet's Name:

Pet's Age:

Pet's Breed:

Additional information you feel may be important for the staff at Westarbor Animal Hospital to know about your pet:

Pet Sitter/ Kennel/ Other Name:

Pet Sitter/ Kennel/ Other Phone No:

Pet Sitter/ Kennel/ Other Address:

I, _____ give permission for _____ to care for my pet in my absence. He/ she has my permission to transport them to and from Westarbor Animal Hospital for treatment by a Westarbor Veterinarian, as is deemed necessary. I authorize _____ to make any decisions in regards to my pet, in a matter that is best suited to my pet's condition, in the event that I can not be reached at my emergency contact numbers, and that time is of the essence.

I state that I will be fully responsible for all fees and charges and will pay for all charges incurred on my pet's behalf upon the day of service. I further authorize you to give out any information about my pet to: _____.

Signature: _____

Date: _____

Expiration Date of this permission to treat form: _____