



Treatment Authorization / Waiver

In the event that a veterinary emergency / medical problem arises during the time that you are away from home, All Tails Wagging Veterinary Clinic wants to provide the absolute best possible care for your pet. We ask that you assist us in doing so by providing a few pieces of information:

Client's name: _____ Pet's name: _____

Dates out of town: _____

Caregiver's name: _____

Will you be available by phone during the time that you are away? YES ____ NO ____

If YES, what are the phone numbers that we may use to reach you?

1. _____ 2. _____

Please check **ONE** of the following:

- I authorize any treatment deemed necessary by the doctor during the time period listed above. It is not necessary to contact me for authorization prior to treatment.
- I will not be available by phone, and authorize the caregiver listed above to make all decisions regarding the care of my pet during the time that I am away.
- Please attempt to contact me with the phone number listed above prior to beginning any treatment. If you are unable to reach me, please proceed with the doctor's recommendations.
- Please attempt to contact me with the phone number listed above prior to beginning any treatment. If you are unable to reach me, do not proceed. I understand that in an emergency, my pet may not receive potentially life-saving care.

Comments: _____

Payment is due at the time of service. Please provide a credit card number so that we may proceed with your pet's treatment.

Credit Card #: _____ Expiration date: _____

Security Code: _____ Billing address (street number ONLY) _____ Billing zip: _____

- Check here to apply this form to all future out-of-town dates.

Signature: _____ Date: _____