



***Kat's Dogs & More***  
**Veterinary Treatment Authorization & Consent Form**

Primary Veterinary Clinic : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**To whom it may concern:** During my absence Kat Gardner, owner/operator of *Kat's Dogs & More* will be caring for my pet(s). I give *Kat's Dogs & More* my permission to transport my pets to you, my veterinarian (or to an emergency clinic). In the event I cannot be reached, I authorize *Kat's Dogs & More* to act as an agent on my behalf regarding my pets' medical care. I authorize veterinary treatment and 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 any or N/A
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

\_\_\_\_\_ check here if additional pets are listed on the reverse side

If above named veterinarian is not available, another vet in his/her veterinary group is / is not acceptable. ( \_\_\_\_\_ initial)

I understand that *Kat's Dogs & More* assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. ( \_\_\_\_\_ initial)

I do / do not agree to authorize said veterinarian to euthanize my pet in extreme circumstances under his/her advisement after all reasonable attempts have been made to reach me. ( \_\_\_\_\_ initial)

This consent for treatment has no expiration date unless otherwise noted. A photocopy/facsimile of the signed consent shall have the same force and effect as the Client/Pet Parent's original signature. ( \_\_\_\_\_ initial)

If the veterinary office named above is unavailable, I authorize Kat's Dogs & More to take my pet to the veterinarian office or clinic of their choice for treatment. ( \_\_\_\_\_ initial)

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 PLEASE** charge all expenses incurred for veterinary services to this card:

M/C Visa Other \_\_\_\_\_ CC# and exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature if different than Pet Parent: \_\_\_\_\_

Pet Parent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Other \_\_\_\_\_

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 Kat's Dogs & More before service dates. A copy will be sent to the primary veterinarian listed above to be retained in the pets' medical file.

\* This form **MUST** be signed to authorize treatment.

**\*Please print**

Pet Parent \_\_\_\_\_ Date \_\_\_\_\_

Kat Gardner, of Kat's Dogs More \_\_\_\_\_ Date \_\_\_\_\_