

**PERMISSION TO TREAT / VETERINARIAN AUTHORIZATION FORM**

Pets Name/ Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give full permission for **Perrysburg Pet Lodge & Spa** to care for my pet in my absence. **Perrysburg Pet Lodge & Spa** has my permission to transport my pet to and from **Dogwood Animal Hospital** for treatment in the event of an emergency by a Dogwood Veterinarian, as is deemed necessary. I authorize **Dogwood Animal Hospital** 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 cannot be reached at my emergency contact numbers. 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 **Dogwood Animal Hospital**.

I authorize emergency veterinary care costs up to $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This release does not expire and will remain valid for all future **Perrysburg Pet Lodge & Spa** services

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_