



**URGENT VETERINARY TREATMENT AUTHORIZATION**

This form will be retained on file and will be used to authorize urgent veterinary treatment in the event that your pet(s) require such treatment during your absences and we are unable to contact you at the time. Should you change vets, please notify **SAFE & SOUND** before service dates.

Client Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Preferred Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**To whom it may concern:** I have contracted for services from **Safe & Sound** during my absence and I authorize **Safe & Sound** to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s).

**SPECIAL INSTRUCTIONS** \_\_\_\_\_

**SAFE & SOUND** reserves the right to utilize the services of any available veterinary clinic.

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

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

\_\_\_\_\_  
Date