



## Authorization for Veterinary Services

Client Name	_____		
Address	_____		
Home Phone		Other Phone	
Emergency Contact		Phone	
Address	_____		

Pet Name _____	Age _____	Sex _____	<input type="radio"/> M/N <input type="radio"/> F/S
Breed _____	Colour _____	Distinct Markings _____	
Identification <input type="radio"/> Micro chipped	<input type="radio"/> Tattooed	<input type="radio"/> Tags	Identification Number _____
Vaccinations (last date given) _____	Parasite Control (i.e. Flea product used, deworming product) as applicable		_____
Rabies _____	Tag Number _____		
Pet Insurance <input type="radio"/> Yes <input type="radio"/> No	Carrier Name _____	Policy # _____	

I, \_\_\_\_\_, hereby authorize Shamsun Niazi (carrying on business as Kitty Korner) to seek medical treatment for the above named animal in the event of :

- Acute Illness
- Chronic Illness (if preexisting condition is exacerbated)
- Injury

In my absence, I authorize the veterinarian to provide services, including but not limited to, treatment, medications, and diagnostic testing deemed urgent/emergent.

I understand that attempts will be made to consult my veterinarian of choice, but authorize Shamsun Niazi (carrying on business as Kitty Korner) to choose an alternative if necessary.

I understand that I will be liable for any and all costs associated with treatment.

- I have pet insurance
- I prefer to be billed by / I will provide credit card or payment information to the treating facility

\_\_\_\_\_  
Date

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

<b>Preferred Veterinarian</b> _____ Address _____ Telephone _____ Hours of Operation _____	<b>After Hours Services</b>   
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This information will be held as valid until such a time as owner informs differently.