

# Veterinary Treatment Authorization Form

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet requires treatment during your absence and we are unable to contact you.

Should you change veterinarians, please notify **LONGVIEW** prior to leaving your pet with us so we can update our records.

**LONGVIEW** will attempt to utilize your primary veterinary clinic, but in case of an emergency we will go to the nearest emergency vet.

\*\*\* This form must be filled out in order to authorize any veterinary treatment.

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

Address \_\_\_\_\_

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

Primary Phone Number \_\_\_\_\_

Primary Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_

To whom it may concern,

During my absence, a representative of **LONGVIEW** will be caring for my pet(s). I give them permission to transport my pet(s) to my veterinarian or an emergency clinic. In the event that neither I nor my emergency contact can be reached, I authorize **LONGVIEW** to act as an agent on my behalf regarding my pets medical care.

Please choose an option below to your preference of the care we can give in the event my pet requires medical care.

\_\_\_\_\_ I give permission to do minimal care to keep my pet(s) comfortable.

\_\_\_\_\_ I give permission to do necessary care up to \$\_\_\_\_\_

\_\_\_\_\_ I give permission to do necessary care with no financial limits as to what they can do to help my pet.

I authorize veterinary treatment for my pet(s) during my absence. I understand that **LONGVIEW** is not responsible for the loss of any pet and is released from all liability related to transportation, treatment, and expense.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)