



**Veterinarian Authorization**

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

During my various absences, *Lazy Day Pet Services* will be caring for my animal(s). They have my permission to transport them to and from your office or, in the case of large animals, request "on site" treatment from your office as is deemed necessary. 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 they incur on my behalf upon my return. I further authorize you to give out any information about my animal(s) to Rose Castillo, the owner of *Lazy Day Pet Services*.

Client Initials \_\_\_\_\_

**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 absence and we are unable to contact you at the time. Should you change Vets please notify Lazy Day Pet Services before service dates.

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

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

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Mobile/Pager: \_\_\_\_\_

**To whom it may concern:** I have contracted for services from Lazy Day Pet Services during my absence and I authorize Lazy Day Pet Services 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), not to exceed the following amounts for each pet:

Pet Name- Description- Maximum Amount	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If multiple pets require treatment, do not exceed a combined total of \$ \_\_\_\_\_.

Special Instructions: \_\_\_\_\_

In the event of an emergency, Lazy Day Pet Services will attempt to utilize your primary veterinary clinic. If your primary veterinarian is not available, Lazy Day Pet Services will utilize the services of the nearest available veterinary clinic. Should this become necessary, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Preferred **Urgent** Veterinary Care Clinic \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

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. CC Card If I cannot be reached Name \_\_\_\_\_

# \_\_\_\_\_ Exp. \_\_\_\_\_

Max. Charge Authorized \_\_\_\_\_.

Authorized charges to this card are for Veterinarian Services/Pet Medications **ONLY**.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lazy Day Pet Services, LLC