



VETERINARIAN AUTHORIZATION

Veterinarian Name: _____

Address: _____ City/State/Zip Code: _____

Phone: _____ Emergency Phone: _____

Pets Name(s): _____

Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize urgent veterinary treatment if 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 2 Poops & a Scoop, Inc. before service dates.

Dog Owner's Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Home phone: _____ Cell phone: _____

E-mail: _____

Pet(s) Name(s): _____

To whom it may concern: I have contracted for services from *2 Poops & a Scoop, Inc.* during my absence and I authorize *2 Poops & a Scoop, Inc.* 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: _____

2 Poops & a Scoop, Inc. 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.

Customer Name

2 Poops & a Scoop, Inc. Name

Customer Signature

2 Poops & a Scoop, Inc. Signature

Customer Date

2 Poops & a Scoop, Inc. Date