



Regular Veterinarian Hospital and Veterinarian Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Emergency Animal Hospital Address and Phone: \_\_\_\_\_

To the Hospital:

Alex's Feline Training and Behavior Consulting, LLC has been contracted to pet sit for my pet(s) \_\_\_\_\_ and has my permission to place them in your care in case of an emergency. Alexandra, or one of her business partners, will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below. This authorization DOES \ DOES NOT (circle one) include decisions regarding humane euthanasia on my named pet(s).

Pet Owner: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Pet(s): \_\_\_\_\_

- 1) If the above named veterinarian is not available, I agree that another vet in his\her practice may care for my pet(s). If neither of these veterinarians are available, I give permission for Alexandra or her business partners to take my pet(s) to the nearest animal hospital or emergency clinic.
- 2) I give permission for Alexandra Garver to approve treatment up to \$\_\_\_\_\_. (\_\_\_\_ initials) In case you can't contact me or my emergency contact listed on my contract with Alex's Feline Training and Behavior Consulting, LLC.
- 3) I understand that Alexandra assumes no responsibility for the loss of any pet and is released from all liability related to treatment. I also agree to be responsible for all special services assessed by Alex's Feline Training and Behavior Consulting, LLC for emergency transportation, care, or supervision and will pay such fees when I return from vacation.
- 4) Other conditions, if any: \_\_\_\_\_ (\_\_\_\_ initials)

My pet(s) has\have the following health issues: \_\_\_\_\_

This consent for treatment has no expiration date and grants permission for future veterinary care without the need for additional authorization each time Alex's Feline Training and Behavior Consulting, LLC cares for one or more of my pets unless otherwise noted.

PRINT 3 COPIES OF THIS FORM (one for you, one for your vet to have on file, and one for Alexandra's records)

Client

Date

Client

Date

Alexandra Garver

Phone: (404) 353-8263

Email: Alexandra\_garver@hotmail.com