

# Atlanta Pet Sit Biz 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 **urgent** treatment during your absence, and we are unable to contact you at the time. Should you change Vets, please notify APSB before service dates.

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

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

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mobile/Pager: \_\_\_\_\_ Other: \_\_\_\_\_

**To whom it may concern:** I have contracted for services from Atlanta Pet Sit Biz during my absence and I authorize Atlanta Pet Sit Biz 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: \_\_\_\_\_

Atlanta Pet Sit Biz reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

**Primary Veterinary Clinic:** \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_

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.

Client \_\_\_\_\_

Date \_\_\_\_\_

Atlanta Pet Sit Biz \_\_\_\_\_