✶ Dancing Paws Pet Care Authorization to Obtain Medical Care ✶

During my absence, I authorize Dancing Paws Pet Care to seek medical treatment for my pet(s) _____ if they believe that such treatment is necessary.

Medical treatment will be sought at my veterinarian:

Name of practice: _____

Address: _____

Phone: _____

Treating veterinarian: _____

If the above veterinarian is unavailable, I agree to have my pet treated by a veterinarian chosen by Dancing Paws Pet Care. I remain responsible for payment for all incurred medical expenses deemed necessary by the treating veterinarian.

_____

Client Name (print)

_____

Client Signature Date