

# SAFE AT HOME

## VETERINARY TREATMENT AUTHORIZATION

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet requires treatment during your absence and we are unable to contract you.

Should you change veterinarians please notify Safe At Home, prior to your next service date, so we may update our records.

A copy of this form will be sent to the primary veterinarian listed below and will be retained in your pet's medical file.

Safe AT Home reserves the right to utilize the services of any available veterinary clinic. If time permits, Safe At Home 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.

**\*This form MUST be signed to authorize treatment.**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Primary Veterinarian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

*To whom it may concern:*

*During my absence a representative of Safe At Home will be caring for my pet. I give Safe At Home my permission to transport my pets to my veterinarian (or to a pet emergency clinic). In the event I cannot be reached, I authorize Safe At Home to act as an agent on my behalf regarding my pet's medical care. I accept full responsibility for charges incurred in the treatment of my pet, not to exceed the following amounts for each pet:*

<u>Pet Name &amp; Description</u>	<u>Maximum Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

\_\_\_\_\_ Check here if additional pets are listed on the reverse side

I authorize veterinary treatment for my animal during my absence. I understand that Safe At Home assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment, and expense.

I have made advance arrangements with my primary veterinarian to pay all charges and fees that are incurred on my behalf, immediately upon my return.

**\*Signed** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_