

Permission to Treat/Veterinarian Authorization Form

Pet's Name: _____

Pet Sitter/ Kennel/ Other Name: Four Dog Resort and Spa

Pet Sitter/ Kennel/ Other Phone No: 518-461-9219

Pet Sitter/ Kennel/ Other Address: 91 Hatchery Road Gansevoort, NY 12831

I, _____, give permission for Four Dog Resort & Spa to care for my pet in my absence. He / she has my permission to transport them to and from your clinic or request "onsite" treatment from your office as is deemed necessary.

I authorize Four Dog Resort and Spa to treat and/or make any decisions regarding my pet in a matter that is best suited to my pet's condition and I state that we will be fully responsible for all fees and charges and will pay for all charges incurred on my pet's behalf upon the day of service.

I further authorize you to give out any information about my pet to Four Dog Resort & Spa.

Client Name: _____

Client Phone No: _____

Signature: _____

Date: _____