
Veterinarian Consent Form

Veterinarian

Name

Address

Suburb Phone

Hours

Emergency (after hours) Veterinarian

Name

Address

Suburb Phone

Hours

If any of my animals become ill, Dog Gone Walkies is authorized to take them to either of the above veterinarians to diagnose their condition. The veterinarian is to call me for authorization to treat. If I am unavailable and this is an emergency, the veterinarian is hereby authorized to treat the animal at their discretion.

The charges for any vet visit or treatment will be applied to my account if the veterinarian agrees.

I authorize a charge up to \$ _____ for treatment. In the event that the vet requires immediate payment it may be charged to my credit card below:

Credit Card Type: Visa · Mastercard · Discover · American Express

Name on card

Credit card number

Expiry date

All animals must be up to date on their vaccinations before Dog Gone Walkies can care for them. I confirm all my pets are currently vaccinated.

Pet Owner's Name

Signature Date