

Owner's Full Names:	
Pet(s) Names:	
Physical Address:	
Telephone: #	_
Veterinary Clinic Info	
Vet Clinic Name:	_
Vet Clinic Address:	
Vet Clinic Phone: #	
TO WHOM IT MAY CONCERN	
I hereby authorize the attending veterinarian to treat any of my pets as listed on the Pet Information sheet and I accept full responsibility for all fees and charges incurred in the treatment of any of my pets.	
The Furry Guys are authorized to transport my pet(s) to and from treatment or to request "on-site" treatment if deemed necessary, an emergency, the pet care specialist shall act on my behalf to an euthanasia.	If I cannot be reached in case of
"Furry Guys" Full Names:	
Owner's Signature:	
Date:	