



VETERINARIAN AUTHORIZATION

Owners Name: _____

Pets
Name(s): _____ Breed: _____ Color _____

Pets Birthdate: _____ Spayed/Neutered/at what age: _____

Address: _____

City: _____ St.: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Cell: _____

Prior to your Pets first visit at Daycare or Boarding, please provide appropriate documentation (either in the form of receipts or certificates) for the listed vaccinations and procedures. Or, have your Veterinarian complete this form and fax it back to us.

Vet Name: _____

Address: _____

Phone: _____

Fax: _____

Pets Name _____

Vaccinations:

Last Given

Next Due

Rabies: _____

DHLPP (including Parvovirus): _____

Bordatella: _____

Others specify: _____

Flea & Tick Prevention Program:

Name and Frequency: _____

Microchip Type & Number

During daycare and/or boarding at the Paws facility and during my various absences, Villa La Paws will be caring for my animal(s). They have my permission to transport them to and from your office or, in the case of large animals, request "on site" treatment from your office as is deemed necessary. I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges incurred on my behalf upon my return. I further authorize you to give out any information about my animal (s) condition and information to the Villa La Paws Representative.

Client Initials _____

Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize **urgent** veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change vets please notify Villa La Paws before service dates.

To whom it may concern: I have contracted for services from Villa La Paws during my absence and I authorize Villa La Paws to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s):

Special Instructions:

Villa La Paws reserves the right to utilize the services of my veterinary clinic (listed above) or any available veterinary clinic if mine is not open or can not see my pet.

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

Owner

Date