



# EMERGENCY VETERINARY CARE AUTHORIZATION

If I can't be contacted in the event of an emergency, Little Dog Pet Services has my permission to transport my pet(s) to their veterinarian, or the nearest veterinary clinic if necessary.

I authorize emergency veterinary treatment in the amount of:

\$ \_\_\_\_\_

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Pet Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

This authorization is valid until my contract with Little Dog Pet Services is terminated. I can amend this agreement at any time by notifying Little Dog Pet Services in writing.

Pet Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_