

Silver Paw Pet Services, LLC.
Professional Pet Services - Portsmouth, NH
Sara Hamilton - (603) 661-6422
www.silverpaw.net
Veterinary Release Form for Silver Paw Pet Services, LLC.

VETERINARIAN AUTHORIZATION

Veterinarian Name: _____

Address: _____ Phone: _____

During my various absences, *Sara Hamilton of Silver Paw Pet Services, LLC* will be caring for my animal(s). She has my permission to transport them to and 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 they incur on my behalf upon my return. I further authorize you to give out any information about my animal(s) to *Sara Hamilton of Silver Paw Pet Services, LLC*

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 *Sara Hamilton of Silver Paw Pet Services, LLC* before service dates.

Client Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

To whom it may concern: I have contracted for services from *Silver Paw Pet Services, LLC* during my absence and I authorize *Silver Paw Pet Services, LLC* 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), not to exceed the following amounts for each pet:

Pet Name _____ Description _____ Maximum Amount \$ _____

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Pet Name _____ Description _____ Maximum Amount \$ _____

If multiple pets require treatment, do not exceed a combined total of \$ _____.

Special Instructions _____

Silver Paw Pet Services, LLC reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Preferred **Urgent** Veterinary Care Clinic _____

Telephone _____

Address _____

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.

Name on Card _____

Type of Card _____ # _____ Exp. _____ CVV2 Code _____

Max. Charge Authorized _____ . Authorized charges to this card are for Veterinarian Services/Pet Medications **ONLY**.

Client Signature / Date _____