

Vet Information Form

Pet's Name/Age:

Medical conditions/medication:

Your Veterinary Office: Name/Address/Phone:

We will do our best to reach you or your emergency contacts if there should be an emergency. If you cannot be contacted while away, you might want to contact your vet ahead of time to make arrangements. We ask you to read and fill out below:

I give permission to DEBORAH JEAN/PET & PEOPLE SERVICES to approve treatment up to \$ _____ **any amount needed**

_____(initial if yes) If the veterinary office named above is unavailable, I authorize DEBORAH JEAN/ PET & PEOPLE SERVICES to take my pet/s to another veterinary office for treatment.

I understand that Deborah Jean, Megan Byrne, Pet and People Services or their homeowner's insurance cannot be held responsible for any financial outcomes due to unforeseen events occurring while my pet is in care at 4879 Selway St. NE, Salem, OR. 97305. We do everything to ensure the safety of your pet while in our care which includes screenings for all new clients, safety practices, and experienced monitoring both in and out of the home.

I have read this form and agree to terms and conditions.

Owner's

Signature: _____ **Date:** _____

Owner's Name (please print): _____