



Harlow & Friends_{LLC}

VETERINARY TREATMENT AUTHORIZATION

Client Name: _____

Pets Name: _____

Today's Date _____

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence and while under the care of Harlow & Friends LLC, and I am unable to contact you at the time. Should you change veterinarians, please notify me. If time permits, I 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.

Primary Veterinary Clinic:

Address: _____

Phone: _____

Preferred Urgent Care Veterinary Facility: _____

Authorization for Veterinary Care:

I/we do hereby authorize veterinary treatment for my animal(s) during my absence. I understand that Harlow & Friends LLC assumes no responsibility for the loss of any pet and is released from any and all liability and/or other obligation related to transportation, treatment and expense associated with transport to and veterinary treatment rendered. I have made advance arrangements with your office to pay all charges and fees that are incurred on my behalf, immediately upon my return.

I _____ give Heather Crowe, owner of Harlow & Friends permission to approve treatment up to \$ _____ (Dollar amount or no limit.)

Signature _____

Refusal for Veterinary Care

I decline to any of the above and prefer a phone call prior to anything happening after my pet has been harmed or injured. I, the Client, know this can delay emergency or surgical care for my pet(s), and I do not hold Harlow & Friends or the Owner liable for further injury or death to my pet(s).

Signature: _____

