



Veterinarian Treatment Document

SECTION 1 Client contact details

Name			
Address			
Home phone		Mobile	

SECTION 2 Client veterinarian details

Name of practice			
Address			
Phone			

SECTION 3 Details of pet(s)

Type of pet(s)			
Breed of pet(s)			
Name(s) of pet(s)			
DOB of pet(s)			
Details of any known medical conditions			

I, the undersigned, give Woof Woof Walkies permission to transport my pet(s) to the below veterinarian(s) and authorise treatment in the event of an emergency or illness. In this event, I authorise the veterinarian highlighted below to administer medical treatment and I acknowledge that I will be responsible for the total cost upon my return.

If the above named veterinarian is not available, I authorise Woof Woof Walkies to transport my pet(s) to a veterinarian of their choice and I authorise treatment.

If out of hours emergency care is needed, my pet(s) may be taken to the nearest veterinarian providing the necessary out of hours veterinarian care. I agree that Woof Woof Walkies will not be held liable in relation to any such transportation and treatment costs.

I give permission to Woof Woof Walkies to approve treatment up to amount stated below.

I agree to be responsible for all costs incurred upon my return including, but not limited to, vet fees, extra visit fees and transportation fees.

This document will remain valid for all current and future visits unless a new document is signed.

Please Note:

It is the pet owner's responsibility to update Woof Woof Walkies should any of the above information change.

Clients name:	Veterinarian's name:
Clients signature:	Amount of treatment (input maximum £ amount or "no limit")
Date:	