



Veterinarian Treatment Document

SECTION 1 Client contact details

Name			
Address			
Home phone		Mobile	
Emergency contact(s)			

SECTION 2 Client veterinarian details

Name of practice			
Address			
Phone			

SECTION 3 Details of pet(s)

Type of pet(s)			
Name(s) of pet(s)			
Breed, age & gender of pet(s)			
Is your pet neutered/spayed?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Details of any known medical conditions			

SECTION 4 Pet insurance

Is your pet insured?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of insurance company	
Phone number	
Policy number	
Level of insurance cover	

SECTION 5 Agreement

I, the undersigned, give Woof Woof Walkies permission to transport my pet(s) to the nearest veterinarian(s) and authorise treatment in the event of an emergency or illness. In this event, I authorise the chosen veterinarian to administer any necessary medical treatment - this also includes euthanasia should the veterinarian feel this is the necessary and required course of action to follow. I also acknowledge that I will be responsible for all costs upon my return.

If out of hours emergency care is required, your pet(s) may be taken to the nearest veterinarian which provides the necessary out of hours veterinarian care. I agree that Woof Woof Walkies will not be held liable in relation to any such transportation, treatment or any other related 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 visits plus transportation costs as well as costs for proprietors time.

Please Note:

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

Woof Woof Walkies require all dogs to be neutered/spayed before the age of 9 months.

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

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