



**Emergency Veterinary  
Treatment Authorization**

This form will be retained on file and will be used to authorize urgent/emergency 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 veterinarians please notify Saint Louis Dog Walkers before service dates.

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

To whom it may concern: I have contracted for services from Saint Louis Dog Walkers during my absence and I authorize Saint Louis Dog Walkers, to act on my behalf to request veterinary treatment and services when they deem it necessary. Saint Louis Dog Walkers is authorized by the undersigned to seek veterinary advice or care, including emergency care, at my expense. If Saint Louis Dog Walkers believes that veterinary care is needed I accept full responsibility for charges incurred in the treatment of my pet(s). By signing this authorization, I give Saint Louis Dog Walkers the authorizaty to make care decisions regarding my pet and further agree to hold harmless and indemnify Saint Louis Dog Walkers for any decision regarding the care of my pet(s).

Special Instructions: \_\_\_\_\_

**Preferred Urgent/Emergency Veterinary Care**

Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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. I agree to indemnify and hold harmless, Saint Louis Dog Walkers for any costs incurred pursuant to this authorization, including attorney fees, litigation costs and all expenses incurred by Saint Louis Dog Walkers. I further agree to indemnify and hold harmless Saint Louis Dog Walkers for any negligence of Saint Louis Dog Walkers, its employees, owners, agents or other persons for actions taken relating to Urgent/Emergency Veterinary Treatment. Should Saint Louis Dog Walkers be required to enforce the provisions of this authorization, including but not limited to, collection of veterinary expenses and fees, I agree to pay Saint Louis Dog Walkers' costs, including attorney fees in such enforcement.

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Client \_\_\_\_\_ Date \_\_\_\_\_