

Veterinarian Authorization

Pet Name(s) _____

Veterinarian _____ Address _____

Phone Number _____ Emergency Contact _____

During my various absences, Lunch Buddies, LLC will be caring for my animal(s). They have my permission to transport them to and from your office or request "on site" treatment from your office as is deemed necessary. 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 incurred on my behalf upon my return. I further authorize you to give out any information about my animal(s) to Lunch Buddies, LLC or a representative of Lunch Buddies, LLC .

Client Initials _____

Urgent Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize urgent 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 vets please notify Lunch Buddies, LLC before services dates.

Client Name: _____

Address _____

City/State: _____ Zip: _____

Home Telephone _____ Work Telephone _____ Mobile _____

To whom it may concern: I have contracted services from Lunch Buddies, LLC during my absence and I authorize Lunch Buddies, LLC to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s):

Special Instructions: _____

Lunch Buddies, LLC reserves the right to utilize the services of any availability veterinary clinic.

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.

Client Signature

Date