

New Jersey Pet Care, LLC

Veterinary Treatment Authorization

Owner Name: _____
Address: _____
City: _____ Zip: _____
Home phone: (____)____-____ Work phone: (____)____-____
Cell/Pager: (____)____-____ Other: (____)____-____

This form will be retained on file and will be used to authorize veterinary care in the event that your pet(s) require treatment during your absence. Should you change veterinarians please notify New Jersey Pet Care before service dates. A copy will be sent to the primary veterinarian listed below to be retained in the pets' medical file. This form **MUST** be signed to authorize treatment.

New Jersey Pet Care reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinics. If it is not practical to do so, the following information will be helpful for the attending veterinarian.

Primary Veterinary Clinic: _____
Address: _____
City: _____ Phone: (____)____-____

Primary Emergency Clinic: _____
Address: _____
City: _____ Phone: (____)____-____

To whom it may concern: During my absence a representative of New Jersey Pet Care will be caring for my pet(s). I give New Jersey Pet Care my permission to transport my pets to/from a veterinarian (or emergency clinic). In the event I cannot be reached I authorize the attending veterinarian(s) to provide the recommend treatment based on my pet(s) condition. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts for each pet:

Pet Name & Description:	Maximum Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

_____ check here if additional pets are listed on the reverse side

I understand that New Jersey Pet Care assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense. I have made advance arrangements with your office to pay all charges and fees that are incurred on my behalf, immediately upon my return.

Pet Owner Signature: _____

New Jersey Pet Care Signature: _____