

**PAWS & PEOPLE TOO!**

**Veterinary Treatment  
Authorization**

131 Netherlands Dr  
Middletown, DE 19709  
(302) 838-5140

CLIENT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME TELEPHONE: \_\_\_\_\_ WK: \_\_\_\_\_  
OTHER PHONE: \_\_\_\_\_

To Whom it May Concern;

I have contracted for services from *Paws & People Too!* During my absence I authorize *Paws & People Too!* to act on my behalf to request veterinary treatment and services if necessary.

I accept full responsibility for responsibility for charges incurred in the treatment of pet(s) not to exceed the following amounts for each pet:

PET NAME	DESCRIPTION	MAXIMUM AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

In the event that multiple pets require treatment, do not exceed an combined total amount of \$ \_\_\_\_\_

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

Paws & People Too! Reserves the right to utilize the services of any veterinary clinic. If time permits we may utilize your primary veterinary clinic. If it is not practical to do so, the following information will be helpful if the clinic we utilize requires documentation from your primary clinic.

Primary Veterinary Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST&Zip \_\_\_\_\_  
Phone: \_\_\_\_\_