



Sundog Pet Services

Veterinarian Letter.

Scott@sundogwalks.ca
(416) 629 4493
Sundogpetservices.ca

Dear Dr. and staff of
(veterinarian) (clinic name) (date)

This letter is to advise you that I,

have retained Sundog Pet Services for the care of my pet(s):

for the duration of my absence during the period from to
or (dd/mm/yyyy) (dd/mm/yyyy)
 on an ongoing basis

In the event of an illness or injury with my pet(s), I authorize Sundog Pet Services to obtain medical treatment at your facility. I have provided Sundog Pet Services with an Authorization for Veterinary Services.

Treatment may include, but is not limited to assessment, diagnostic tests, medications and procedures which are deemed urgent or emergent. I ask that any and all charges associated with your treatment be billed directly to me and have included my client information below.

Pet Insurance Insurer:
 Please bill my credit card
Card #
Cardholder
Expiry:
Policy #:
Visa MasterCard Discover Amex Other

Client Name: Home Ph

Address:

Emergency Contact Name & Ph #:

Sundog Pet Services has my emergency contact information and will be contacting me in the event of an emergency. Please do not hesitate to do so yourself if you require any further information. Thank you,