



Sundog Pet Services

Veterinarian Letter.

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

In the event that my pet(s) appears to be ill, injured, or at significant risk of experiencing a medical problem while in the care of Sundog Pet Services, I, hereby authorize Sundog Pet Services to seek medical treatment from a veterinarian or veterinary clinic.

Owner Name Home Phone #

Mobile # Work #

Emerg. Contact Name:

Contact # :

Primary Vet and Clinic:

Vet Address: Vet Phone #

Pet Insurance and Policy # (if applicable)

If Sundog Pet Services is unable to get to my preferred veterinarian/veterinarian clinic, they may take my pets to an alternative veterinarian or veterinarian clinic deemed acceptable by Sundog Pet Services.

I assume full responsibility for the payment and/or reimbursement of all veterinarian services rendered, including but not limited to treatment, medications, diagnostic testing, and boarding. Such payment will be made within 14 days of the initial incident.

I understand that Sundog Pet Services will make efforts to contact me regarding any treatment, illness, or injury as soon as the condition is deemed no longer life threatening and/or contact is possible. I understand that Sundog Pet Services assumes no responsibility for the decisions and actions of the veterinarian staff or the resulting health of my pet(s).

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Sundog Pet Services cares for my pet(s).

Date:

Signed: _____