

**Pork Chop's Way**  
**VETERINARIAN AUTHORIZATION**

Pets Name(s)/Name(s) \_\_\_\_\_

Veterinarian \_\_\_\_\_

Veterinarian Address / phone # \_\_\_\_\_

During my various absences, *Pork Chop's Way* 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 Elissette Rivera, the owner of *Pork Chop's Way*.

Client Initials \_\_\_\_\_

Breed \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

Spayed or Neutered if yes, at what age? \_\_\_\_\_

**Veterinary Health Information**

Month/Year Last seen by Veterinarian \_\_\_\_\_

Vaccinations for: Rabies \_\_\_\_\_ Kennel Cough \_\_\_\_\_

Is your pet currently on heart worm medication Yes \_\_\_ No \_\_\_

Flea/Tick Prevention Yes \_\_\_ No \_\_\_

Please explain any current health problems:

\_\_\_\_\_  
\_\_\_\_\_

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**Pork Chop's Way**  
**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 *Pork Chop's Way* before service dates.

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Mobile/Pager: \_\_\_\_\_

**To whom it may concern:** I have contracted for services from (Pork Chop's Way) during my absence and I authorize (*Pork Chop's Way*) 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: \_\_\_\_\_

*Pork Chop's Way* reserves the right to utilize the services of any available 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

\_\_\_\_\_  
Date