

here2b *helpful*
Concierge Services

Specialising in
• Social Media • Pet Sits
• Elder Care • Errands
• Baby Concierge
And Much More!



Pet _____ of _____

Veterinary Treatment Authorization

This form will be retained on file and will be used to authorize veterinary treatment in the event that your pet(s) require treatment during your absence and we are unable to contact you at the time. Should you change veterinarians, please notify here2bhelpful Concierge Services before service dates.

. *Your signature is required to authorize treatment.

Client

Name: _____

Address: _____ City: _____ State:

P/C: _____

Home Phone: _____ Work Phone: _____ Mobile:

Email: _____

To whom it may concern: I have contracted for services from here2bhelpful Concierge Services during my absence. I authorize here2bhelpful concierge services to transport my pets to my veterinarian (or to an emergency clinic) and, 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), not to exceed the following amounts for each pet:

Pet Name- Description- Maximum Amount

\$ _____

\$ _____

\$ _____

\$ _____

If multiple pets require treatment, do not exceed a combined total of \$ _____.

Special Instructions:

Here2bhelpful Concierge Services reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to 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: _____ State: _____

P/C: _____

Preferred Urgent Care Veterinary Facility:

Address: _____ City: _____ State: _____

P/C: _____

Phone: _____

I authorize veterinary treatment for my animal(s) during my absence. I understand that Here2bhelpful Concierge Services 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.

*Signed

OR: Mastercard Visa Card number: _____ Exp. Date: _____/_____/_____

Name on card: _____ *Signed:

Maximum charge authorized for veterinary care and pet medications only \$ _____