



TECH PET CARE  
619- 807-5376  
TECHPETCARE @GMAIL.COM  
WWW.TECHPETCARE.COM

**VETERINARY AUTHORIZATION**

Veterinary Office Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Alternate Veterinary Office: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

To the hospital. During my absence, a representative of TechPetCare will be caring for my pet(s) and have my permission to transport to you office for treatment.

Pet owner \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Pet(s) name \_\_\_\_\_ Medical Conditions/Medication: \_\_\_\_\_  
Pet(s) name \_\_\_\_\_ Medical Conditions/Medication: \_\_\_\_\_  
Pet(s) name \_\_\_\_\_ Medical Conditions/Medication: \_\_\_\_\_  
Pet(s) name \_\_\_\_\_ Medical Conditions/Medication: \_\_\_\_\_  
Pet(s) name \_\_\_\_\_ Medical Conditions/Medication: \_\_\_\_\_

I, \_\_\_\_\_ (pet owner) hereby give PetTechCare my express permission to transport my express permission to transport any of my pets for care to the above mentioned Veterinarians (or closest facility in event of an emergency.). I give permission for the hospital/clinic/doctor to administer whatever care/medications necessary to care for my pet(s) with exclusion of the following:

I understand I will be responsible for payment of your Veterinary services.

\_\_\_\_\_  
**CLIENTS SIGNATURE    CLIENT NAME (please print)    DATE**

**Please file this form with my records**