

Gail Leider, Owner
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EMERGENCY CLINIC AUTHORIZATION FORM
(Used during after business hours)

In the event of an emergency I, _____ authorize
Gail Leider of "Pet Buddies" Pet Sitting Service LLC to transport any and/or all of
my pet(s) to:

Name of emergency clinic: _____
Address: _____
Phone #: _____

I give permission for the emergency clinic/doctor to administer whatever care
and/or medications necessary to treat my pet, with the exclusion of the following:

I will assume full responsibility for payment of all veterinary services rendered.

Client authorizes this release to be valid for future services preventing the need
for additional signatures.

Client Name

Date