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Wellness Care for a Discount Price

PERMISSION TO TREAT/VETERINARY AUTHORIZATION FORM

PET'S NAME _____

OWNER'S NAME _____

OWNER'S ADDRESS _____

OWNER'S PHONE NUMBER _____

I, _____, give permission for
_____ to transport my pet to Pet Shots
Express and authorize all necessary procedures and treatments. I authorize _____ to
treat and/or make any decisions in regards to my pet in a matter that is best suited to my pet's
condition and I state that _____ will be fully responsible for all fees and charges
and will pay for all charges incurred on my pet's behalf upon the day of service. I further authorize
that any information regarding my pet be given to _____.

SIGNATURE _____

DATE _____

SIGNATURE OF RESPONSIBLE PARTY _____

DATE _____