

Medical Treatment Authorization

Pause 4 Paws Pet Grooming and Hotel
3770 W. County Line Rd., Suite F
Douglasville, GA 30135

Phone (404) 692-5393
Fax: (866) 366-8127
Email: mypause4paws@gmail.com

In the event that my pet has a medical emergency or becomes ill while at Pause 4 Paws Pet Grooming and Hotel facility, I authorize you to perform any care deemed medically necessary for my pet. Please make the best efforts to contact me to discuss a medical plan and estimate. I understand and authorize you to act without my verbal consent if I cannot be contacted, in which case please do not provide treatment that exceeds \$_____.

Print your name (Owner): _____ Contact #: _____

Emergency Contact: _____ Contact #: _____

Pets Name (s): 1. _____ 2. _____
3. _____ 4. _____

I give authorization for the credit card on file with Pause 4 Paws Pet Hotel to be charged by the treating veterinary office at the time services are rendered. I authorize Pause 4 Paws Pet Hotel to provide my credit card information to the treating veterinary office for this purpose.

Pet #1

Pet #2

Pet #3

Owners Last Name

Owners First Name

Owner Signature

Owner Contact Number