

# 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](mailto: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