



Hush Puppy's Pet Services LLC

Trish Isbell 660-0318

Suzanne Iasiello 640-5486

Hushpuppys@ymail.com

www.hushpuppypetservices.com

VETERINARIAN CONSENT

Pet Owner: _____

Pet Name: _____ Amount authorized: \$ _____

Pet Name: _____ Amount authorized: \$ _____

Pet Name: _____ Amount authorized: \$ _____

Pet Name: _____ Amount authorized: \$ _____

Pet Name: _____ Amount authorized: \$ _____

Current Veterinarian

Name: _____

Address: _____

City: _____ Phone: _____

Hours: _____

Emergency (after hours) veterinarian:

After Hours Pet Emergency Clinic

www.animalerknoxville.com

10213 Kingston Pike

Knoxville, TN 37922

865.693.4440

If any of my animals becomes ill, Hush Puppy's Pet Services LLC is authorized to take them to either of the above veterinarians to diagnose their condition. If it is after hours, Hush Puppy's Pet Services LLC will take my pet to the After Hours Pet Emergency Clinic. The veterinarian is to call me for authorization to treat. If I am unavailable and this is an emergency, the veterinarian is hereby authorized to treat the animal at his/her discretion.

The charges for any vet visit or treatment will be applied to my account if the veterinarian will do so. I authorize him/her to charge the noted amount above for treatment. In the event that the vet requires immediate payment, Pet Owner will reimburse Hush Puppy's Pet Services LLC in full within 7 days of their return home.

All animals must be up to date on their rabies vaccinations before Hush Puppy's Pet Services LLC can care for them. All my animals are current on their rabies vaccinations.

Pet Owner: _____

Signature: _____ Date: _____

Witness: _____

Witness Signature: _____ Date: _____