



My Pet's Nanny, LLC

Veterinarian Consent



Veterinarian

Name: _____
 Address: _____
 City: _____ Phone: _____
 Hours: _____

Emergency (after hours) Veterinarian

Name: Animal Emergency Clinic of Montgomery County
 Address: 920 West Dallas
 City: Conroe, TX 77304
 Phone: (936) 539-3800 (936) 441-4631
 Hours: Open nights from 6:00 PM, weekends, and holidays

If any of my animals become ill, My Pet's Nanny, LLC is authorized to take them to either of the above veterinarians to diagnose their condition. If it is after hours, My Pet's Nanny, LLC will take my pet to the Animal Emergency Clinic of Montgomery County. 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 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 up to \$ _____ for treatment. In the event that the vet requires immediate payment it may be charged to my credit card below:

Credit Card Type: Visa Mastercard Discover American Express
 Name on card: _____
 Credit card number: _____
 Expiration date: _____

All animals must be up to date on their rabies vaccinations before My Pet's Nanny, LLC can care for them. All of my animals are current on their rabies vaccinations.

Pet Owner: _____
 Signature: _____ Date: _____