

Stonewall Veterinary Clinic, 7627 Heritage Village Plaza, Gainesville Virginia 20155  
703-754-9888 (fax) 703-754-0653 [www.stonewallvet.com](http://www.stonewallvet.com) e-mail: stonewallvet@gmail.com

**AUTHORIZATION TO PROVIDE MEDICAL CARE**

Client Name \_\_\_\_\_  
Address (not P.O. Box) \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
Emergency Contact Name and Phone Number \_\_\_\_\_

Pet(s) Name \_\_\_\_\_

**FOR PETS UNDER THE WATCHFUL CARE OF SOMEBODY OTHER THAN A BOARDING FACILITY:** In the event that my pet(s) require(s) medical care in my absence, I specifically authorize \_\_\_\_\_ to bring my pet(s) to Stonewall Veterinary Clinic for any and all necessary medical treatment.

In the event that my pet(s) require(s) medical care in my absence, I specifically authorize the doctors and staff of Stonewall Veterinary Clinic to provide medical care and/or medication for my pet. I agree that I will be financially responsible for all services and expenses associated with this treatment as deemed necessary by the medical staff of Stonewall Veterinary Clinic, and/or up to the following dollar amount \$\_\_\_\_\_. I agree that if I refuse to pay for these services I will be responsible for fees, reasonable attorney's fees and/or collection agency fees incurred by Stonewall Veterinary Clinic in collecting this debt, including interest charged at the rate of 1.5% per month until paid.

**FOR PETS AT BOARDING FACILITIES:** In the event my pet(s) requires medical attention while boarding at (list boarding facility name)

\_\_\_\_\_, I authorize the doctors and staff of Stonewall Veterinary Clinic to provide medical care and/or medication for my pet(s), and release any pertinent medical information to the boarding facility (as listed above) for my pet's medical care. I agree that I will be financially responsible for all services and expenses associated with this treatment as deemed necessary by the medical staff of Stonewall Veterinary Clinic, and/or up to the following dollar amount \$\_\_\_\_\_. I agree that if I refuse to pay for these services I will be responsible for fees, reasonable attorney's fees and/or collection agency fees incurred by Stonewall Veterinary Clinic in collecting this debt, including interest charged at the rate of 1.5% per month until paid.

I agree to release and hold harmless Stonewall Veterinary Clinic, its doctors, staff, employees, agents and designees for providing any and all emergency medical care undertaken in my absence in connection with this authorization.

Date \_\_\_\_\_ Owner's Signature \_\_\_\_\_