HANK'S PACK

Veterinary & Emergency Contact Authorization

Client authorizes Hank's Pack to seek immediate veterinary care for the pet(s) listed below in the event of an emergency, illness, or injury during scheduled services. Client understands and agrees that they are fully and solely financially responsible for any and all veterinary, medical, or related costs, regardless of how or by whom care is arranged.

Client Name

Phone

Email

Pet Name(s) & Breed

Veterinarian / Clinic Name

Vet Phone Number

Vet Address

Known Medical Conditions / Allergies

Emergency Contact Name

Emergency Contact Phone

Relationship to Client

Signature

Date