

IN CASE OF EMERGENCY, WHILE WE ARE AWAY...

Client / Patient Information:

Client 's Name:
Pet's Name:
Date(s) of Travel:

Pet Sitter's Information:

Name:	Contact Number :
<i>*If our pet gets ill or is injured while we are away, we would like to:</i>	
<input type="checkbox"/> Be contacted before any treatment is performed, and will pay by credit card over the phone for any agreed upon treatment.	

How to Contact Us While We Are Away:

Contact Person:	Contact Number:
Contact Person:	Contact Number:

**Please mail, fax, or bring this form into Fremont Veterinary Clinic before you leave on your trip. If the balance is not paid by the end of the following month, there will be a \$1.95 billing charge and 1.5% interest (18% per year) added to the account.*

**If we believe that your pet has an illness or injury that is greater than we can treat, we reserve the right to advise that your pet be treated at an emergency or urgent care facility.*

Signature _____