



Veterinarian Authorization Form

Preferred Veterinarian Name and Clinic:	
Phone:	
Address:	
Hours:	

Emergency/After Hours Veterinarian:

Savannah Veterinary Emergency Clinic
335 Stephenson Avenue
Savannah, GA 31405
(912) 355-6113

Hours: Monday to Friday 6pm-8am Weekends - Saturday 12pm to Monday 8am

In the event my pet becomes ill or injured while under the care of Blissful Buddha Pet Services, LLC ("BBPS") and my pet requires urgent medical attention and/or life-saving measures, I understand that BBPS will attempt to reach me as well as my emergency contacts for direction on how to proceed. If no party is reachable, BBPS is authorized to take my pet to either of the above veterinarians. The veterinarian is to call me for authorization to engage in more complex diagnostic procedures and treatment.

If I or my emergency contact is unreachable, and the veterinarian, in the exercise of reasonable professional judgment, determines that a particular course of treatment or diagnostic testing is necessary, the veterinarian is hereby authorized to treat or test my pet within his or her reasonable discretion. The charges for any veterinary visit, including treatment and testing, will be applied to my account at the veterinary hospital. If immediate payment is required, I agree to fully reimburse Blissful Buddha Pet Services for all veterinary costs and pet transportation costs incurred up to and including the following amount. I hereby authorize charges not to exceed \$ _____ for such treatment/testing. I understand that should life-saving measures exceed this amount, my pet may die, decline, or may be, under the discretion of the veterinarian, humanely euthanized.

I agree to notify all my emergency contacts when my pets are in the care of Blissful Buddha Pet Services. I agree to discuss my wishes for the care of my pets and home with them and I will advise them to be reachable in my absence in order for someone to make decisions on my and my pets' behalf.

BBPS requires that all pets have current rabies vaccines and all dogs must have current heartworm tests and heartworm prevention.

I certify that all of my pets will remain current on their rabies vaccinations and heartworm prevention.

Pet Owner: _____

Signature: _____

Date: _____