## Emergency Care Authorization

Regular Veterinarian:	
Address:	
Phone:	
Hours:	
EMERGENCY (after hours) VETERINARIAN Animal Emergency Clinic S.H. 249 19311 S.H. 249 Houston, Texas 77070 281-890-8875 Fax: 281-890-7160	
If any of my animals become seriously ill or is injured, Barks 5 <sup>th</sup> Avenue is authorized to take them to my regular veterinarian or Barks 5 <sup>th</sup> Avenue's vet, Blackhorse Animal Hospital, unless it is after hours and then the Emer Veterinarian. If I am unavailable and this is an emergency, the veterinarian is hereby authorized to treat my this discretion.	gency
I authorize veterinary treatment for my pet(s) during my absence; I understand that Barks 5 <sup>th</sup> Avenue assumes responsibility for the loss of any pet and is released from all liability related to transportation, treatment, <b>all expense</b> .	_
Pet Owners Name: Pet(s) Name: Address: Contact Numbers:  YOU "MUST" EITHER CHECK BOX #1 OR BOX #2 THIS SECTION "CAN NOT" BE LEFT BLANK	
BOX #1.	
In the event that the vet requires immediate payment, it may be charged to my credit card below: (this information is ke	ot confidential
CREDIT CARD TYPE:	
Credit Card Number: EXPIRATION /	- ]
BOX #2.	
I have made advance arrangements with my vets office to pay all charges and fees that are incurred on my behalf, im upon my return.	mediately
DET OM/NIEDS STONATUDE:	