



**EXPRESS
VETS**

5485 Bethelview Road, Suite 440
Cumming, GA 30040
Phone: 470-239-7672
Fax: 470-239-7178
Email: info@expressvets.com

*Convenient • Affordable
Veterinary Care*

PERMISSION TO TRANSPORT AND/OR TREAT FORM

Date_____

Pet's Name_____

Owner's Name_____

Agent's Name_____

Owner's Phone Number_____

Agent's Phone Number_____

I hereby give permission and grant full authority to _____ (owner's "Agent") to transport, handle and/or make any and all decisions relating to the treatment, care and/or disposition of the above-named pet(s).

This authority shall broadly include all decisions relating to any services, treatments, procedures, diagnostics, recommendations and/or medications provided by Express Vets. I further authorize Express Vets, and its staff, to communicate with and provide any relevant information to my Agent.

I further understand that any and all charges incurred in the care of my pet(s) via the above Agent, shall be my sole responsibility and shall be due on the corresponding dates of service.

This permission and grant of authority shall remain in force from, and including, the date noted above and unless and until I revoke the same. Said revocation must be communicated to Express Vets in writing.

OWNER SIGNATURE:_____ **DATE:**_____