



CREATURE COMFORT
ATL
MOBILE VETERINARY NURSING & HOSPICE

Veterinarian Notification/ Agreement to Treat

I, _____, give Creature Comfort ATL LLC authorization to care for my animal(s) during my absence, including veterinary care. They are authorized to transport my animal(s) to your hospital for treatment. I authorize you, the veterinarian, to treat my animal(s) and I am fully responsible for payment upon my return or you may charge the credit card provided below. Creature Comfort ATL LLC is not responsible for any payment.

Client Name: _____

Date: _____

Pet's Names: _____, _____, _____, _____

ER Max Amount: \$ _____

Credit Card Type: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

Security Code: _____

Client Signature: _____

****In the case that euthanasia is warranted by the DVM, I authorize Creature Comfort ATL LLC to act on my behalf.**

Client Signature: _____

Date: _____

After care request: _____
