

Sunrise Pet Clinic Authorization Form - Please initial each box below next to items that apply to you.

**CLIENT LABEL
HERE**

My contact information shown is correct.

Please update my contact information as written.
(Make changes on label)

What is your preferred method of communication (when possible)? Circle one.

Phone Call/Voicemail

Text Message

Email

Other _____

I authorize the use of any photos of my pet taken by or given to Sunrise Pet Clinic for in house slideshows, Sunrise Pet Clinic website and/or social media purposes.

I authorize Sunrise Pet Clinic to disclose the medical records of my pet(s) to the following groups upon their request (check all that apply):

ANY Emergency/Vet Clinics

ANY Pet Insurance Company

ANY Boarding/Day Care Facilities

ANY Groomers

ANY Petsitters

I ONLY authorize Sunrise Pet Clinic to disclose the medical records of my pet(s) to the specific persons or groups listed below and acknowledge that limiting disclosure may delay transfer of records until permission can be obtained from me verbally.

List: _____

I authorize the following individuals to admit my pet(s) to Sunrise Pet Clinic on my behalf for any necessary or diagnostic treatment. I understand that I will be responsible for any service or product fees that these individuals request on my behalf. (Please include any petsitters, children over the age of 18, groomers, boarding facilities and/or day care if applicable.)

List: _____

In the unlikely event that I experience a medical concern while visiting Sunrise Pet Clinic, my emergency contact is:

Name: _____ Phone: _____

I understand that I am responsible for full payments at the time of services and that estimates will be provided to me prior to services **upon request**.

Print Name

Signature

Date
