

HOUSETEMP SERVICES  
602-463-3798  
www.housetemp.com



## AUTHORIZATION FOR EMERGENCY CARE

1. I \_\_\_\_\_ authorize HouseTemp Services to obtain any emergency veterinary care that may be necessary during the time spent with my pet.
  
2. Client will be responsible for any charges related to this emergency care.
  
3. I also authorize HOUSETEMP SERVICES to utilize an alternative veterinarian in the event my regular veterinarian is unavailable. Every effort will be made to contact the owner prior to obtaining emergency care.

Client Signature: \_\_\_\_\_