



**RED  
STAR  
KENNEL**



**VETERINARY FINANCIAL AUTHORIZATION**

I, \_\_\_\_\_, have registered my pet(s) at Red Star Kennel. I understand that unforeseen medical emergencies may arise and I fully authorize Red Star Kennel to choose or select the medical practitioner of their choice to proceed with a dramatic and lifesaving procedure up to \$\_\_\_\_\_.

I understand the finances involved with the medical treatment of my pet are my responsibility and will be paid directly to the veterinarian or clinic.

PET #1 \_\_\_\_\_ \$ \_\_\_\_\_

PET #2 \_\_\_\_\_ \$ \_\_\_\_\_

PET #3 \_\_\_\_\_ \$ \_\_\_\_\_

PET #4 \_\_\_\_\_ \$ \_\_\_\_\_

EXAMPLE (\$ DOLLAR AMOUNT) (UNLIMITED) (NONE)

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

