



Pet Transport Consent Form

A Pet Transport Consent Form will need to be filled out each time transportation is scheduled. Northwest Pet Clinic provides pet transportation for established patients/clients. This is for transportation purposes only. This is not an ambulatory service. We are not able to transport clients with their pets.

Owner's Name (Last, First): _____ Client ID: _____

Co-Owner's Name (Last, First): _____ Client ID: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Pet's Name: _____ Breed: _____ Sex: _____ Age: _____

Date of Transport: _____ Pickup Time: _____

Pickup Address: _____

Name of Responsible Party at Pickup: _____ Responsible Party's Phone Number: _____

Appointment Date: _____ Appointment Time: _____ Appointment Location: Ina | Oro Valley

Reason for Visit: _____

Owner Signature Required:

I, the owner, authorize a designated driver from Northwest Pet Clinic to transport my pet from the above listed address to a clinic location. I understand this form does not authorize Northwest Pet Clinic to perform any treatments. I acknowledge that I must fill out an Owner Absentee Form to authorize the medical treatment of my pet.

Owner's Signature: _____ Date: _____