

PET CARE EMERGENCY AUTHORIZATION FORM

DATES OF AUTHORIZATION

Date Authorization Begins: _____ Date Authorization Ends: _____

CONTACT INFORMATION

Owner Name(print): _____

Contact Phone #: _____ Contact Email: _____

I, _____, owner of the animal described below, authorize _____ to make emergency veterinary medical decisions for the animal described below if I am not able to. Below, I have also listed guidelines and limitations of care. I will accept all financial responsibility for the emergency care of the animal.

ANIMAL HOSPITAL/ CLINIC: _____

Guidelines/Limitations

- ☐ I authorize any emergency veterinary care
- ☐ I authorize emergency veterinary care with costs up to \$ _____
- ☐ Do **NOT** authorize euthanasia without my **direct** consent.
- ☐ In the event of my animal's death, I wish for the following to be done with his/her remains:
 - ☐ Private Cremation with ashes returned
 - ☐ Group cremation, no ashes
 - ☐ Please store my pet's body until I can pick it up

Owner's Name: _____

Owner's Signature: _____ Date: _____

Pets Information

Name: _____ Species: _____ Age: _____

Breed: _____ Weight: _____ Sex: _____

Description (color/markings): _____

Microchip #: _____