



PET CARE EMERGENCY AUTHORIZATION FORM

Date: _____

To Whom it May Concern:

I, _____, owner of the below-described animal, authorize _____ to make emergency veterinary medical decisions, including euthanasia (unless noted below), for the animal described below in the event that I cannot be reached. Where applicable, I have also listed guidelines and limitations of care. I accept financial responsibility for the emergency care of the animal.

- I authorize any emergency veterinary care.
- I authorize emergency veterinary care with costs up to \$_____.
- I 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
 - Burry at home
- I do **not** authorize the following procedures/treatments
- Other: _____

Owner's Name (printed): _____

Owner's Signature: _____ Date: _____

Owner's Information

Name: _____

Contact Information: _____

Dates of travel or expiration date of this form: _____

Pet's Information:

Name: _____ Species: _____ Age: _____

Weight: _____ Sex: _____ Description (color/markings): _____

Relevant medical history: _____

Microchip Number: _____ Vaccinations: _____

Medications: _____

Medication Name	Dose	Frequency	How medication is given (orally, ect.)	Other Notes

Authorized Agent Information:

Name: _____ Relationship to pet owner: _____

Contact Information: _____
