Pet Care Emergency Authorization Form

To Whom it May Concern:

I, ____________________(owner’s name), owner of the below-described animal, authorize _____________________________ (authorized agent’s name) 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(s).

Owner’s name: ____________________________________________

Owner’s contact information in case of emergency (provide all forms of contact):
________________________________________________________________________________

________________________________________________________________________________

Other contacts (travel companions, etc. – name and contact information):
________________________________________________________________________________

________________________________________________________________________________

Dates of travel or expiration date of this form: ____________________________

Animal’s name: ____________________________

Type of animal: ____________________________________________

Age, weight and sex of animal: ____________________________________________

Description of animal (color, markings): ____________________________________________

Relevant medical history: ____________________________________________

Microchip number (if applicable): ____________________________________________

Vaccinations (vaccination, date): ____________________________________________

Medications (name, dose, frequency, route of administration):

<table>
<thead>
<tr>
<th>Name</th>
<th>Dose</th>
<th>Frequency</th>
<th>How medication is given (orally, etc.)</th>
<th>Other notes</th>
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Other medication notes: __________________________________________

________________________________________

Authorized agent: ____________________________________________

Relationship to pet owner: ____________________________________

Contact information for authorized agent: _________________________

________________________________________

Other instructions, if applicable:

☐ I authorize emergency veterinary care 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:

☐ I do not authorize the following procedures/treatments (provide a description of what is to be done in place of this procedure/treatment):

☐                                                                 

☐                                                                 

☐                                                                 

☐                                                                 

☐                                                                 

☐ Other: _______________________________________________________

Owner's name (printed): _______________________________________

Owner's signature: ____________________________________________

Date: _________________________________________________________

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