

Pet Care Emergency Authorization Form

I _____, living at _____, am the owner of the below described animal(s), authorize the following person(s) to make emergency veterinary decisions, including euthanasia (unless noted below), for the animal(s) listed in the event that I cannot be reached. Where applicable, I have listed the guidelines of limitations of care. I accept financial responsibility of the emergency care of the animals.

Animal Name: _____
Species: _____
Age: _____
Sex: _____
Description: _____

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Sex: _____
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Age: _____
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Additional instructions:

- 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 would like the following to be done with his/her remains _____
- Other: _____

Dates of travel/expiration of form: _____

Contact information while away: _____
Email _____ Phone: _____
Other _____ Cell : _____

Authorized Agent Name: _____
Address: _____ Phone: _____

Owner Signature: _____ Date: _____