Pet Care Emergency Authorization Form

To Whom it May Concern:
I, (owner's name), owner of the below-described animal, authorize Guardian Angel Pet Sitting to make emergency
veterinary medical decisions, including euthanasia (unless noted), 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>I accept financial responsibility for the emergency care of the animal(s)</i> .
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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:
Tarrian / / Determine / /
Leaving: _/_/ Returning: _/_/
As of/_/, the authorization provided by this form is expired.
Pet Information (if more than one pet, please complete a form for each pet)
Pet's name:
Canine Feline (circle one)
Breed: Age:
Weight:lbs. (check)Male Female Neutered male Spayed Female
Description of animal (color, markings):
Previous medical issues?
Current medical issue(s) or medication my pet takes: (name, strength, dosage)
Microchip/Tattoo number (if applicable):
Vaccinations:
DHLPP/FVRCP Last given://
Rabies 1 or 3 year (circle one) Last given:/

Bordetella:(kennel cough) Last given:/_/	
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Authorized agent (Pet Sitter's Name):	
Relationship to pet owner: Employee of Guardian Angel Pet Sitting	ng currently caring for this pet.
Contact information for authorized agent: (_
Other instructions, if applicable:	
\square I authorize emergency veterinary care costs up to \$_	
\square I do <i>NOT</i> authorize euthanasia without my direct con	nsent.
\square In the event of my animal's death, I wish for the follows:	owing to be done with his/her remains:
procedure/treatment):	nts (provide a description of what is to be done in place of this
procedure/treatment):	
procedure/treatment):	
procedure/treatment):	