



The Balanced Bark

PET CARE EMERGENCY AUTHORIZATION FORM

I, _____ authorize The Balanced Bark to make all emergency veterinary medical decisions for my dog, _____ in the event that I or an authorized agent cannot be reached.

Agents (s) authorized to make decisions for my dog in my absence:

Name: _____ Phone # () _____

Name: _____ Phone # () _____

Name: _____ Phone # () _____

Where applicable, I have also listed guidelines and limitations of care. I accept financial responsibility for the emergency care of my pet.

Other instructions, if applicable:

I authorize emergency veterinary care costs up to \$ _____.

I do not authorize euthanasia without my direct consent.

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

Owner's name (printed) _____

Owner's signature: _____

Date: _____