



Pet Care Emergency Authorization

To Whom it May Concern:

I, _____ (owner's name), owner of the below-described animal(s), authorize _____ (authorized person) to make emergency veterinary medical decisions, including euthanasia (unless noted below), for the animal(s) 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):

Departure Date: _____ Return Date _____

Animal's Name: _____

Type of Animal: _____

Age, Weight and Sex of Animal: _____

Description of Animal (color, distinct markings): _____

Relevant Medical History: _____

Microchip Number (if available): _____

Vaccinations are up to date Yes No

Medications:

Name	Dose	Frequency	How medication is given (orally, injectable, etc.)	Other notes

Other Medication Notes: _____

Name of Veterinarian: _____ Phone Number: _____

Person Authorized to Seek Medical Treatment _____

Contact Number for Authorized Person: _____

Other Instructions, if Applicable:

- I authorize emergency veterinary costs up to \$ _____
- I do **not** authorize euthanasia without my direct consent.
- In the event that I cannot be reached, I authorize the following person(s) to make decisions regarding euthanasia of my pet(s):

Owner's Name (printed): _____

Owner's Signature: _____

Date: _____