Emergency Form

Our staff is dedicated to providing a safe and healthy environment for your pet while in our care. In the event of a medical emergency involving my pet, you should contact me at this number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If you cannot reach me, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This person is authorized to make medical decisions regarding my pet in my absence. If a medical emergency does not allow time to contact me or my alternate contact person, the Doctors(s) of Dr. Fitzs Bayside Animal Clinic, at their sole discretion, may treat my pet and/or transfer to a 24 hour emergency veterinary hospital if needed. I understand that if such an event occurs I will be responsible for all medical treatments and medications at the time I return to pick up my pet.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_