

TEMPORARY TREATMENT AUTHORIZATION FORM

EFFECTIVE BETWEEN: Start date: _____ ; End date: _____

To whom it may concern,

I hereby give _____ authorization to make decisions on treatment recommendations from attending veterinarians involved in the care of my pet(s), [_____], in the event that I cannot be reached in a timely manner during a medical or surgical emergency. This authorization DOES / DOES NOT (circle one) include decisions regarding humane euthanasia of my named pet(s).

Listed below is my contact information for the time of my absence, and attached is a list of all historical and current medical conditions and medications for each pet named above. Our regular veterinarian is Dr. _____ at _____.

I authorize the release of my pet's medical records to aid in their emergency care.

I am aware that costs will be incurred for emergency assessment and care. I accept financial responsibility for such costs. I request that, when possible, costs and treatments be kept to those required for stabilization, initial diagnostics, and pain management until I can be reached. I request that efforts be taken to keep these costs below \$ _____ (*suggest entering **at least \$500****), but I am aware that there may be situations where the initial and ongoing care necessary to keep my pet(s) comfortable and to prevent their condition from further deteriorating while attempts are made to contact me may exceed this amount.

**Be aware that in many severe emergencies even initial assessment, stabilization, and treatment costs can easily exceed \$750-\$1,250.*

My contact information: [include mobile numbers & email addresses, as well as name, address, and phone number of the hotel(s) you'll be staying at]

Thank you for your time and care.

Sincerely,

(Pet Owner Signature)

(Date)

(Print Pet Owner Name)

PET MEDICAL HISTORY *(complete separate sheet for each pet)*

Pet's Name: _____ Age/DOB: _____

Male / Female Sexually Intact / Spayed / Neutered Indoor / Outdoor / Both

Species: _____ Breed: _____

My Pet Last Had Their Vaccinations (approx. date OK): _____

Microchip # _____

Medical information: [include previous serious illnesses/surgeries/hospitalizations, current/ongoing illnesses, any prior history of blood transfusion and/or allergies to medications, current medications/supplements (include dosages, frequency of dosing, and duration of treatment), and any identifying marks]

Additional pertinent information or notes to the veterinary staff: [e.g. list any specialists involved in your pet's care, the type and amount of food your pet normally eats, whether or not your pet is aggressive towards people or other pets, etc.]