

Emergency Pet Care Authorization



This form authorizes The Dirty Dog Grooming to act or not act on the behalf of a pet's owner to seek medical attention in the case of a serious medical emergency, including but not limited to:

- Loss of Consciousness
- Lack of Oxygenation
- Heart Abnormalities
- Shortness/Loss of Breath
- Accidental Serious Injury

Emergency medical attention will be sought through:

- **The Animal Doctor** - (303) 466-8888
1705 W 10th Ave, Broomfield, CO 80020

Authorization to Seek Emergency Care

In the case that I cannot be reached in a timely manner:

- I authorize** The Dirty Dog Grooming to seek emergency pet care on my behalf in a serious medical emergency.
- I authorize** The Dirty Dog Grooming to make affirmative health decisions on my behalf.
- I understand** The Dirty Dog Grooming will not be held liable for costs and fees related to emergency pet care services rendered.

Pet name: _____ Pet Breed: _____

Owner Signature: _____ Date: _____

Authorization to Opt Out of Emergency Care

In the case that I cannot be reached in a timely manner:

- I do not authorize** The Dirty Dog Grooming to seek emergency pet care or make affirmative health decisions on my behalf in a serious medical emergency.

Pet name: _____ Pet Breed: _____

Owner Signature: _____ Date: _____