

## Veterinary Notification | Emergency Pet Care Authorization Form

This is to inform you that I have contracted the services of [Your Pet-Care Business Name] to provide pet-care services from [start date of assignment] through [end date of assignment].

Should my pet(s) require veterinary attention while under the care of my pet-care provider, I authorize [Veterinarian and/or Veterinary Office Name] to extend treatment. \* I also authorize [Veterinarian and/or Veterinary Office Name] to provide information about my pet's health and treatment options to [Your Pet-Care Business Name] should veterinary care be necessary in my absence.

Additionally, I agree that I accept financial responsibility for the emergency care of my pet(s) and will be responsible for the payment of your veterinary services. Payment information, including any limits on the authorized payment amount, are documented at the bottom of this form.

### **Client Information**

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Name of Pet(s): \_\_\_\_\_

### **\*Additional Instructions**

☐ I authorize emergency veterinary care costs up to \$ \_\_\_\_\_.

☐ I **do not** authorize euthanasia without my direct consent.

☐ In the event of my pet's death, I wish for the following to be done with his/her remains:

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☐ Please note any other exclusions to the type of care you authorize in your absence:

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### **Payment Method**

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expirations (Month and Year): \_\_\_\_\_ CSC/CVV: \_\_\_\_\_

Owner's Name (printed): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

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

**Disclaimer:** This form is provided as a template from Pet Sitters International and is not specific to the veterinary regulations in any specific state, province, or country. Check with your veterinarian to confirm the appropriate authorization documentation needed.