Emergency Pet Care Authorization Form

To Whom It May Concern,

I, _____, owner of the below-described animal, authorize my pet sitter, KneadyPawz, LLC to make emergency veterinary medical decisions, including euthanasia (unless noted below), for the animal described if I am unable to be reached. Where applicable, I have also listed guidelines and limitations of care. I accept financial responsibility for the animal's emergency care. This form is valid until _____.

☐ I authorize any emergency veterinary care.
☐ I authorize emergency veterinary care with 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:

☐ Private Cremation (w/ ashes)
☐ Group Cremation (no ashes)
☐ Bury at home

☐ Other:
_____
_____

Pet Information

Name: _____
Species:_____
Age or DOB:_____
Weight: _____
Sex: ☐ Male ☐ Female

Description (color/markings):
_____
_____

Microchip Number:
_____

Relevant Medical History:
_____
_____
_____

Medications (name/dose/frequency): _____
_____

_____
Owner's Name (Printed)

_____
Owner's Signature

_____
Date of Signature