

Pet Care/Vet Emergency Authorization Form

To Whom it May Concern:

I, _____ (owner's name), owner of the below-described animal, authorize ___Nadia Bond_____ (authorized agent's name) to make emergency veterinary medical decisions, including euthanasia (unless noted below), for the animal described below in the event that I cannot be reached. Where applicable, I have also listed guidelines and limitations of care. I accept financial responsibility for the emergency care of the animal(s).

Owner's name: _____

Owner's contact information in case of emergency (provide all forms of contact): _____

Other contacts (travel companions, etc. – name and contact information): _____

Dates of travel or expiration date of this form: _____

Animal's name:

Type of animal:

Age, weight and sex of animal:

Relevant medical history:

Microchip number (if applicable):

Vaccinations (vaccination, date):

Medications (name, dose, frequency, route of administration):

Name Dose Frequency How medication is given (orally, etc.) Other notes

Other medication notes:

Authorized agent:

Relationship to pet owner:

Contact information for authorized agent:

Other instructions, if applicable:

I authorize emergency veterinary care costs up to \$ _____

I do not authorize euthanasia without my direct consent.

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

I do not authorize the following procedures/ treatments (provide a description of what is to be done in place of this procedure/treatment): _____

Owner's name (printed):

Owner's signature:

Date:
