

Veterinary / Emergency Veterinary Treatment Authorization Form

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)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

In the event 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 above named pets.

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 the 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 \$_____, 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.

My contact information:

Name: _____

Email Address: _____

Mobile Phone: _____

Additional Contact Information, if available: _____

Thank you for your time and care.

Sincerely,

Pet Owner Signature

Date

Print Pet Owner Name

