



Authorization to Treat in Owner's Absence



PET OWNER(S) CONTACT INFO: Please list all phone numbers we can use to contact you during this trip.

Name _____ Phone _____ Text ok

Name _____ Phone _____ Text ok

Other method of contact: This may be travel companions, email address(s), etc.: _____

PET DESCRIPTION(S).

Name _____ Breed _____ Color _____ Sex _____ Age _____

Name _____ Breed _____ Color _____ Sex _____ Age _____

Name _____ Breed _____ Color _____ Sex _____ Age _____

I hereby authorize the below listed "authorized agents" to make emergency veterinary medical decisions, including euthanasia (unless noted below), for the animals described above in the event that I cannot be reached. Additionally, I authorize the veterinarians and medical team at Animal Care Clinic to perform these necessary treatments & to use their best judgment in carrying out the wishes I have described on the back of this form. I have listed financial guidelines and other limitations for care on this form. I accept full financial responsibility for the emergency treatment of the above listed pets.

Owner Signature: _____ Date ____/____/____

AUTHORIZED AGENTS: In the event of illness and /or a life-threatening event, the following are authorized to make all decisions regarding the treatment of emergency conditions to stabilize and relieve pain of pet(s).

Name _____ Phone _____ Text ok

Name _____ Phone _____ Text ok

Name _____ Phone _____ Text ok

FINANCES:

I authorize the use of my credit card listed below only during the period stated on the reverse of this document, by Animal Care Clinic, to pay for any medical expenses that my pet(s) may require as described on this document. Circle one and fill in information.

Visa, MasterCard, or Care Credit: Account number _____ - _____ - _____ - _____

Exp. Date ____/____/____ Verification Code _____

Cardholders Signature: _____



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Dates owner will be away and this form will be valid _____ through _____

USUAL VETERINARIAN (if other than animal care clinic)

PET CARETAKER(S) Not authorized to make medical or euthanasia decisions

Name _____ Phone _____ Text ok

Name _____ Phone _____ Text ok

(Pet caretakers should have full instructions on medications & supplements pets are taking, along with feeding instructions and what the normal status of each pet has been recently, and preferably recent medical records for patients that do not usually see Animal Care Clinic veterinarians)

MEDICAL INSTRUCTIONS:

- Treat only life-threatening situations (Issues causing mild to moderate pain should be ignored)
- Treat any condition that ACC doctors feel is causing pain or discomfort for these pets or puts these pets at risk

I authorize the following level of expenditure for the above checked treatment level:

- Up to \$500 (Will manage many situations, but not serious emergencies)
- Up to \$1000 – (This will manage most emergency situations but will not be adequate if surgery or extended hospitalization is required)
- Up to \$ _____ (\$3,000 - \$5,000 is required for significant surgical intervention or extended hospitalization)

I authorize euthanasia without my direct consent in the case of extreme discomfort and grave prognosis

- Yes: initial _____
- No, I do not authorize euthanasia: initial _____

In the event my pet dies or is euthanized:

- Please store my pet's body until I return or the above authorized agent retrieves it
- Please have my pet's body cremated at usual fees
 - I would like the ashes returned to me (extra fees apply)

**For pet owners not already using Animal Care Clinic, a new client form must be filled out as well*