

Authorization for Caregiver

Client name: _____

Co-owner name: _____

Pet Name: _____ Date: _____

I will be away from home between _____ and _____.

I hereby authorize _____ at the following phone number

_____ to bring my pet (s) in for medical treatment and or supplies, the cost of

which is not to exceed \$_____.

I understand that payment is required at the time of service and have made appropriate arrangements with my pet's caregiver to pay for any services, medications, or supplies.

In an emergency please try to contact me at _____. If I am not

available, I authorize _____ at the following phone number

_____ to make decisions regarding medical treatment up to and including euthanasia.

If my pet is euthanized, I request that the body be:

_____ retained until I return

_____ cremated and the ashes returned to me

_____ cremated communally with no remains returned to me

(please initial only one line)

I agree to pay the fees for such services.

Signature of owner or authorized agent

Date