

# TEMPORARY TREATMENT AUTHORIZATION FORM

EFFECTIVE BETWEEN: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

## Pet Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Home

Phone: \_\_\_\_\_

## Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Home

Phone: \_\_\_\_\_

**My contact information while travelling:** [include mobile numbers & email addresses, as well as name, address, and phone number of the hotel(s) you'll be staying at]

Other people I am travelling with who may also be contacted to try to reach me are:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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To whom it may concern , in the event that I cannot be reached in a timely manner during a medical or surgical emergency, I hereby give Guardian (above) authorization to make decisions on treatment recommendations from attending veterinarians, including to approve and authorize any and all treatments (including, but not limited, to x-rays, anesthetics, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care), deemed necessary by the attending veterinarians involved in the care of my pet(s). My pet(s) names are:

Pet Formal Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pet Nicknames (names also used)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event that I cannot be reached in a timely manner during a medical or surgical emergency, this authorization  
DOES DOES NOT  
include decisions regarding humane euthanasia of my named pet(s). \_\_\_\_\_ (Pet Owner initials)

A list of all historical and current medical conditions and medications, for each pet named above, is attached.

YES NO

**Our primary care veterinarian:**

Name: Dr. \_\_\_\_\_

Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

I authorize the release of my pet's medical records to aid in their care. \_\_\_\_ (Pet Owner initials)

Guardian may sign and execute any consent, release, or waiver of liability required by veterinary authorities for the provision of medical, surgical, or essential care to my pet by qualified veterinary medical personnel. \_\_\_\_ (Pet Owner initials)

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

- Private Cremation with ashes returned
- Group Cremation with ashes returned
- Group Cremation with no ashes
- Bury at home

I am aware that costs will be incurred for medical or 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 \$\_\_\_\_\_ (suggest entering at least \$750\*), 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.

*\*Be aware that in many severe emergencies even initial assessment, stabilization, and treatment costs can easily exceed \$800-\$2,000.*

Pet Insurance: Yes    No    If Yes, Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_

Payment (check and initial all that apply)

- Credit card is on file at my primary veterinarian's office. \_\_\_\_ (Pet Owner initials)
- Pet sitter has my credit card and is authorized to use it. \_\_\_\_ (Pet Owner initials)
- Pet sitter will use their payment method and I will reimburse them. \_\_\_\_ (Pet Owner initials)
- Contact \_\_\_\_\_, at \_\_\_\_ (\_\_\_\_) \_\_\_\_\_. They will provide my payment details.  
They are    family or    a friend authorized to provide this information. \_\_\_\_ (Pet Owner initials)

Thank you for your time and care.

Sincerely,

\_\_\_\_\_ (Pet Owner Signature)

\_\_\_\_\_ (Print Pet Owner Name)

\_\_\_\_\_ (Date)