

Emergency Pet Caregiver Authorization Form

This form authorizes the designated caregiver to make medical decisions and seek veterinary care for my pet(s) in my absence. It is designed to be printed, filled out, and left in an accessible location.

1. Pet Owner Information

Owner Name:

Home Address:

Primary Phone: Alternate Phone:

2. Designated Caregiver Information

Caregiver Name:

Home Address:

Primary Phone: Alternate Phone:

3. Preferred Veterinary Clinic & Hospital

Clinic Name:

Primary Veterinarian Name:

Clinic Address:

Clinic Phone: Alternative Emergency Clinic Phone:

4. Pet Identification & Medical Details

Pet 1

Pet Name: Species (Dog/Cat/etc.): Breed:

Age: Color/Markings: Microchip Number:

Existing Medical Conditions:

Current Medications:

Known Allergies:

Pet 2

Pet Name: Species (Dog/Cat/etc.): Breed:

Age: Color/Markings: Microchip Number:

Existing Medical Conditions:

Current Medications:

Known Allergies:

5. Authorization & Financial Limits

I hereby authorize the Caregiver named above to obtain veterinary care for my pet(s) in my absence. In the event of an emergency, the Caregiver is authorized to approve medical treatment and veterinary diagnostics.

Maximum Authorized Financial Limit for Treatment (\$):

In the event that treatment exceeds this amount and I cannot be reached, the veterinarian is authorized to administer emergency care necessary to stabilize my pet or alleviate pain until I can be contacted. I assume full financial responsibility for all veterinary fees incurred.

6. Signatures (For Hand Written Verification)

Pet Owner Signature: Date:

Authorized Caregiver Signature: Date: