



## Pet Care Emergency Authorization Form

To whom it may concern:

I, \_\_\_\_\_ (owner's name), owner of the below-described animals, authorize \_\_\_\_\_ (authorized agent's name) to make emergency veterinary medical decisions, including euthanasia (unless noted below), for the animals described below in the event that I cannot be reached. Where applicable, I have also listed guidelines and limitations of care. I accept financial responsibility for the emergency care of the animal(s).

Owner's name: \_\_\_\_\_ NFAMC Account #: \_\_\_\_\_

Owner's contact information in case of emergency (provide all forms of contact):

\_\_\_\_\_

Other contacts (travel companions, etc. - name and contact information):

\_\_\_\_\_

Dates of travel or expiration date of this form:

\_\_\_\_\_

Authorized agent: \_\_\_\_\_

Relationship to pet owner: \_\_\_\_\_

Contact information for authorized agent: \_\_\_\_\_

\_\_\_\_\_

Other instructions, if applicable:

- I authorize emergency veterinary care costs up to \$\_\_\_\_\_.
- I **do not** authorize euthanasia without my direct consent.
- In the event of my animal's death, I wish for the following to be done with his/her remains:  
\_\_\_\_\_
- I **do not** authorize the following procedures/treatments (provide a description of what is to be done in place of this procedure/treatment):
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

Other: \_\_\_\_\_

Owner's name (printed): \_\_\_\_\_

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Animal's Name	Type of Animal	Age, weight, sex	Description (color, markings)	Relevant medical history	Microchip	Vaccinations & Date

Medications (name, dose, frequency, route of administration)

Pet's Name	Medication Name	Dose	Frequency	How given (orally, etc)	Other notes

Other medication notes:

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- The Doctors and Staff at New Frontier Animal Medical Center recommend that the regular Veterinarian and Pet sitter both have a copy of this Permission to Treat Authorization form on file in the owner's absence.
- Forms for long term or permanent care must be renewed quarterly.
- If the caregiver is permanent, this person can be added to the medical record as an additional contact. Please be advised that this contact will have full access to all information pertaining to the account before adding a caregiver. It will then become the pet owner/account holder's responsibility to remove the caregiver should the arrangement change.