

Windhover Veterinary Center
944A Main Street
Walpole, MA 02081
508-668-4520

Pet Care Emergency Authorization Form

To Whom It May Concern:

I, _____ (owner's name), owner of the below described animal, authorize _____ (authorized agent's name) to make emergency veterinary medical decisions, including euthanasia (unless noted below), for the animal 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: _____

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: _____

Animal's name: _____

Type of animal: _____

Age, weight and sex of animal: _____

Description of animal (color, markings): _____

Relevant medical history: _____

Microchip number (if applicable): _____

Vaccinations (vaccination, date): _____

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

Name	Dose	Frequency	How medication is given (orally, etc.)	Other notes

Other medication notes: _____

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: _____