



Temporary Petsitter PET CARE EMERGENCY AUTHORIZATION FORM

Date(s) this form valid (new form required for each travel occurrence): \_\_\_\_\_

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

How can we contact you while away? Phone: \_\_\_\_\_ E-mail?: \_\_\_\_\_

\*If you cannot be contacted, person below must have permission for all medical decisions.\*

Authorized Person(s) Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Pet's Name (one pet per form please): \_\_\_\_\_ Species: \_\_\_\_\_

Current medical conditions?: \_\_\_\_\_

Current Medications/Supplements:

Name	Dose	Frequency	How Given?

I, \_\_\_\_\_, owner of the above-described pet, authorize the above named person(s) to make non-emergency and/or emergency medical care decisions in the event that I cannot be reached in a timely manner or at all.

I accept financial responsibility for the medical care of my pet. I authorize any veterinary care deemed necessary by the veterinarian providing care.

Please contact us to leave a credit card number on file while you are away. \*Please do not write your number on this form.\*

I DO \_\_\_\_ or I DO NOT \_\_\_\_ authorize euthanasia without my direct consent (via phone or in writing). I understand that if I choose "Do Not", I will be responsible for costs associated with life sustaining care. I understand that Woodhaven does not provide overnight care and my pet will have to be transferred to a local emergency hospital should that level of care be needed.

In the event of my pet's death, I understand Woodhaven will hold my pet's remains until I return to make decisions about aftercare.

\_\_\_\_\_  
Signature of Pet Owner

\_\_\_\_\_  
Date