



# Pet Caretaker Treatment Authorization

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

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

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

This authorization is to remain valid from \_\_\_\_\_ to \_\_\_\_\_ inclusive.  
*Start Date* *End Date*

Contact phone number(s) while you are away:

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

### DESIGNATED PET CARETAKER:

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

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

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

Please check one of the following statements:

The Pet Caretaker designated above is responsible for my pet(s) while I am away and is authorized to seek veterinary services and to make all medical decisions regarding veterinary care in my absence.

The Pet Caretaker designated above is responsible for my pet(s) while I am away. For medical decisions regarding veterinary care, I wish to be contacted. If I cannot be reached, I appoint the following person to act on my behalf.

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

### FINANCES (please check one of the following):

I authorize any amount necessary for the treatment of my pet.

I authorize a maximum of \$ \_\_\_\_\_ to be used towards my pets' care.

The following individual will make payment, at the time services are rendered, for any medical expenses that my pet(s), listed on page 2, may require (if not the owner, both parties must sign).

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

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DESCRIPTION OF PET 1:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex:  Female       Spayed female       Male       Neutered male

Breed: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_ P.V. Hospital: \_\_\_\_\_

Medical History (Do not forget to mention any medications your pet may be currently taking):

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**DESCRIPTION OF PET 2:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex:  Female       Spayed female       Male       Neutered male

Breed: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_ P.V. Hospital: \_\_\_\_\_

Medical History (Do not forget to mention any medications your pet may be currently taking):

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**DESCRIPTION OF PET 3:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex:  Female       Spayed female       Male       Neutered male

Breed: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_ P.V. Hospital: \_\_\_\_\_

Medical History (Do not forget to mention any medications your pet may be currently taking):

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**DESCRIPTION OF PET 4:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex:  Female       Spayed female       Male       Neutered male

Breed: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_ P.V. Hospital: \_\_\_\_\_

Medical History (Do not forget to mention any medications your pet may be currently taking):

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