



Your Family, Our Passion!

## PET CARETAKER AUTHORIZATION FORM

Owner name	
Address	
Phone Number	
Email address	

This authorization is valid from \_\_\_\_\_ to \_\_\_\_\_ inclusive  
*Start date End date*

Pet name		Species		Breed		Sex		Age	
Pet name		Species		Breed		Sex		Age	
Pet name		Species		Breed		Sex		Age	
Pet name		Species		Breed		Sex		Age	

### Designated Pet Caretaker

Name	
Address	
Phone Number	
Email address	

I certify that I am the owner of the pet(s) listed and confirm that the designated pet caretaker above is the authorized agent and responsible for my pet(s) while I am away.

### MEDICAL DECISIONS - Please check one of the following statements:

- The agent is authorized to seek veterinary care and make all medical decisions in my absence.
- I wish to be contacted regarding medical decisions. If I cannot be reached, I authorize emergency treatment only.
- This medical power of attorney only takes effect if I become unable to make health care decisions for my pet and this fact is certified in writing by my physician.

### FINANCIAL DECISIONS – Please check one of the following statements:

- I authorize any amount necessary for the treatment of my pet(s).
- I authorize any amount necessary for the treatment of my pet(s) only if there is a significant chance of a good recovery.
- I authorize a maximum of \$\_\_\_\_\_ to be used towards my pet(s) care.
- The agent's decisions must be made in accordance with the living will directive for my pet(s).

### PAYMENT OF TREATMENT – Please check one of the following statements:

- The agent has agreed pay for all costs at the time of treatment.
- I agree to provide my credit card details so that all costs are paid directly by me at the time of treatment.

I hereby sign my name to this medical power of attorney.

Owner signature:

PRINT NAME:

Date: