



# Animal Emergency and Trauma Center



## AUTHORIZATION TO TREAT PET(S) IN OWNER'S ABSENCE (Complete a separate sheet for each pet)

Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Animal Emergency and Trauma and  
(Owner's name)

Center to treat my pet \_\_\_\_\_ in my absence.  
Pet's Name

I authorize all treatments necessary for \_\_\_\_\_ health and well-being and allow the  
(Pet's name)

doctor on duty]and/or \_\_\_\_\_ to make any medical decisions  
(Appointed guardian)  
necessary to treat the problem, alleviate pain and suffering, and perform euthanasia if it becomes medically necessary and I cannot be reached in a reasonable time frame.

I promise to pay upon my return for needed health care. The amount not to exceed \$ \_\_\_\_\_

Owner's signature \_\_\_\_\_

If euthanasia must be performed, I wish the body to be:

Group Cremation

Private Cremation

< 50 lbs - \$120

< 50 lbs - \$278.75

50 - 100 lbs - \$150

50 - 100 lbs - \$375

> 100 lbs - \$195

> 100 lbs - \$471.25

> 151 lbs - \$555

Please note the cremation charge is in addition to the limit you set for treatment of your pet.

List any phone number(s) that you can be reached at during your absence.

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

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

List appointed guardian contact information:

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

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

List any major concerns regarding your pet's health: \_\_\_\_\_

List any medications, dosages and reason for use your pet takes or has taken within the last month: \_\_\_\_\_

\_\_\_\_\_  
Print Owner's Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Regular Family Veterinarian

\_\_\_\_\_  
Phone number of Family Veterinarian