

Caretaker Medical Authorization Form

To Whom It May Concern:

I, _____ (owner's name), owner of the named pet(s) below, authorize _____ (authorized agent's name) to seek veterinary care and make veterinary medical decisions, including euthanasia (unless noted below), for pet(s) 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 medical care of the pet(s). Please note, a card must be provided and stored on file for veterinary related expenses, as approved on this form.

Owner's name: _____

Owner's contact information in case of emergency (provide all forms of contact):

Dates of travel: _____

Name of pet(s): _____

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

Name	Dose	Frequency	How it is given (orally, etc)	Other 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 authorize **non-emergent** veterinary care costs up to \$ _____

I **do not** authorize euthanasia without my direct consent.

In the event of my pet's passing, 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):

- _____
- _____
- _____
- _____
- _____

Owner's signature: _____

Owner's name (printed): _____

Date: _____

