

**Authorization Form for the Treatment of an Animal When Owner is Out of Town**

Owner:

Address:

Animal's Name:

Breed:

Age:

Emergency Phone Number:

Emergency Contact/ Caregiver and their Number(s):

In case I cannot be contacted in an emergency:

I hereby give authorization to the above contact/caregiver to make decisions regarding medical treatment for my pet on my behalf ***up to and including euthanasia if required.***

I hereby give authorization to the above contact/caregiver to make decisions regarding medical treatment for my pet on my behalf ***except for euthanasia.***

I, \_\_\_\_\_ am the owner of the above named animal and I give Trenant Park Pet Clinic authorization to treat my animal while I am either out of town or unable to be reached in case of an emergency.

I am willing to spend up to \$ \_\_\_\_\_ in treatments on my pet, without further authorization from myself, or my emergency contact/ caregiver.

If you carry Pet Insurance, please indicate your carrier:

I give Trenant Park Pet Clinic further authorization to (please fill out explaining to what extent you will allow your animal to be treated and if you are willing to have surgery performed if deemed necessary by the veterinarian in charge):

Additional information:

In the event of an emergency, I hereby give the Trenant Park Pet Clinic authorization, and release any of its associates of any liability to euthanize my animal if the animal is suffering and it is the only humane solution to end any prolonged suffering.

I also agree that any charges incurred from treatment at the Trenant Park Pet Clinic will be paid upon my return.

Signature of Owner : \_\_\_\_\_

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

This form will stay on permanent record or until further notified by the owner.