

AUTHORIZATION FOR VETERINARY CARE

Pet Owner:

Address:

Phone:

Cell Phone:

Email Address:

Pet Caretaker:

Address:

Phone:

Cell Phone:

Pet's Name(s):

Expected dates of absence: From:  To:

Should an injury or illness occur to my pet(s) during my absence, every effort will be made to contact **Me** or my **Representative** to authorize immediate care for my pet. In the event that **I** or my **Representative** are unreachable, **I** authorize the **Caretaker** to act as my **Representative** in procuring veterinary medical care at Greenwood Lake Animal Hospital, LLC. I agree to pay the fees for such professional veterinary services as soon as possible after I return.

Where I can be reached:

Location:

Phone:

The address and phone number(s) where my Representative may be reached are:

Name:

Address:

Relationship:

Phone:

Cell Phone:

I hereby authorize any veterinarian at Greenwood Lake Animal Hospital to furnish my pet(s) with veterinary care and to provide essential medical services without my consent.

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

Caretaker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_