

Permission to Treat Pet While Owner is Away

Pet Owner: _____ Pet Caretaker: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Emergency phone number for owner, if available: _____

Pet Names: Dogs: _____
Cats: _____

Expected Dates of Absence: _____

Should an injury or illness occur to my pet(s) that requires veterinary care during my absence, I hereby authorize the caretaker listed above to act as my agent in procuring veterinary medical care at Ada Hospital for Animals. I agree to pay the reasonable fees for such professional veterinary services either over the phone or as soon as possible upon my return.

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

I do / do NOT (circle one) authorize intensive medical efforts for my pet(s).

In the event the attending veterinarian determines that my pet is suffering and/or is incurably injured, I hereby give my consent / do NOT give my consent (circle one) for euthanasia. If my pet should die or be euthanized, I request that the body **1) be retained until I return, 2) be individually cremated with ashes returned to Ada Hospital, 3) be communally cremated with ashes returned to Ada Hospital or 4) be cremated with ashes sent to the Memorial Gardens .**

Signature of Owner: _____ Date: _____