

# PET CARE EMERGENCY AUTHORIZATION FORM

## DATES OF AUTHORIZATION

Date Authorization Begins: \_\_\_\_\_ Date Authorization Ends: \_\_\_\_\_

\*If not is specified, this document will be active for one year from the signed date.

## CONTACT INFORMATION

Owner Name (print): \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact Email: \_\_\_\_\_

I, \_\_\_\_\_, owner of the animal described below, authorize Yana Cohen to make emergency veterinary medical decisions for the animal described below if I am not able to. Below, I have also listed guidelines and limitations of care. I will accept all financial responsibility for the emergency care of the animal.

Preferred ANIMAL HOSPITAL/ CLINIC: \_\_\_\_\_

### *Guidelines/Limitations*

- ☐ I authorize any emergency veterinary care
- ☐ I authorize emergency veterinary care with costs up to \$ \_\_\_\_\_
- ☐ Do **NOT** authorize euthanasia without my **direct** consent.
- ☐ In the event of my animal's death, I wish for the following to be done with his/her remains:
  - ☐ Private Cremation with ashes returned
  - ☐ Group cremation, no ashes
  - ☐ Please store my pet's body until I can pick it up

In the event of an emergency I, \_\_\_\_\_, owner of the animal, authorizes Yana Cohen to take my animal to any veterinarian to receive care.

Owner's Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Pets Information

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Description (color/markings): \_\_\_\_\_