

TEMPORARY CARETAKER AUTHORIZATION

OWNER NAME: _____ PHONE NUMBER: _____

CARETAKER NAME: _____ PHONE NUMBER: _____

NAME OF PET(S): _____

DATES OF EXPECTED ABSENCE: FROM _____ TO _____

Please check one of the following statements:

___ I authorize the caretaker named above to bring my pets in for veterinary care and to make all decision regarding veterinary care in my absence

___ I authorize the caretaker named above to bring in my pets for veterinary care, but I want to be contacted for all treatment authorization. If I cannot be reached, I authorize NAME _____ at PHONE # _____ to make treatment decisions.

FINANCES: Payment is due at the time of service. Please check one of the following statements:

___ The caretaker named above will provide payment at the time of service.

___ I will provide payment via credit card over the phone.

OWNER SIGNATURE: _____ DATE: _____