



Authorization to Provide Medical Treatment in Pet Owner’s Absence

Your Information

Last Name _____ First Name _____ Phone Number _____

Additional contact information (if any) _____

Person Authorized by this form

Last Name _____ First Name _____ Phone Number _____

Additional contact information (if any) _____

I, _____, hereby authorize _____ to make medical and health care decisions for my pet(s) (listed below) in my absence. In the event of an emergency, I understand that Frontier Veterinary Hospital (FVH) will attempt to contact me or my authorized agent at the phone number(s) provided; however, I understand that if I cannot be reached within a reasonable amount of time (as determined by FVH based on urgency of medical care), I authorize FVH to treat my pet however is deemed necessary for his/her health and well-being. Furthermore, I agree to pay for any and all expenses that may be incurred.

Pets included in authorization (please note any special medical concerns):

Name _____ Medical concerns _____

Name _____ Medical concerns _____

Name _____ Medical concerns _____

Name _____ Medical concerns _____

Name _____ Medical concerns _____

Dates this Authorization is valid (or initial if this authorization is ongoing):

Start date _____ End date _____ or Ongoing _____ (initials)

In the unlikely event that your pet is facing an urgent and immediate life-threatening condition, we will do everything in our power to ensure his or her continued comfort. If the doctor feels that recovery is not possible please initial your wishes below:

_____ Please put a humane end to my pet’s suffering. _____ Please keep my pet comfortable until I can be reached.

Signature

Printed Name

Date