



www.coastalcatclinicpacifica.com

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EMERGENCY CARE AUTHORIZATION IN ABSENTIA

To Whom It May Concern:

My name is _____ . Between the dates of _____
(Owner of record) (Departure date)

and _____ , the following person/people are authorized to seek medical care for my
(Return date)

pet(s) : _____
(Name of authorized pet-sitter, neighbor, friend, family member, etc)

I understand that in my absence, every attempt will be made to contact me at the following phone
number(s) _____ . I am pre-authorizing the
(Emergency phone number(s) useable while away)

following care budget for my pet(s), to be followed if I am unreachable for direct consultation:

(Pet's name, Species)

(Authorized care budget)

In the event that euthanasia is recommended by a veterinarian and I can not be reached, my wishes are as follows (Check **one**):

I wish to be present if euthanasia is necessary. Please attempt to stabilize my pet *(at any cost, up to and exceeding the amount listed above)*. I will make final determination for pet upon my return. _____
(Check if yes)

I do not need to be present if euthanasia is necessary, please proceed in the most humane manner. _____
(Check if yes)

In the event that my pet is euthanatized/passes away in my absence, my aftercare wishes are as follows:

Please make a ClayPaws imprint for me _____
(Check if yes)

Please make no aftercare arrangement until I return _____ **OR** Cremation & Burial **OR** _____
(Check if yes) (Check if yes)

Private Cremation with cremains returned _____
(Check if yes)

I assume absolute financial responsibility for all care sought for my pet(s) during the dates listed above by representatives named above. I understand that payment is due at the time of service.

Additional instructions to veterinarian/hospital staff: _____

Signature of owner of record

Date