

Authorization for Veterinary Services

Pet Owner: \_\_\_\_\_

Caretaker: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Pet's Name \_\_\_\_\_

Breed/Age \_\_\_\_\_

Expected Dates of Absence \_\_\_\_\_

In my absence, I authorize the above caretaker to act in my and my pet's best interest. Should an injury or illness occur to my pet (above) that requires veterinary care during my absence, I authorize the caretaker to act as my agent in procuring veterinary care with fees not to exceed \$\_\_\_\_\_. I agree to pay the fees for such professional veterinary services as soon as possible after I return and, in the absence of gross negligence, will not hold the caretaker liable for injuries or illnesses, suffered by my pet or any fees for veterinary services incurred on their behalf.

I hereby authorize the caretaker named above to seek veterinary services from the facility listed below in order to provide essential medical or surgical services without my consent. In my absence, I do \_\_\_\_\_ I do not \_\_\_\_\_ (*initial one*) authorize intensive medical care efforts for my pet.

The veterinary practice of my choice is:

**Kern Road Veterinary Clinic  
105 Fowlerville Rd  
Fowlerville, MI 48836  
517-223-9618.**

Please contact them in case of any medical attention needed. In the event that the attending veterinarian determines that my pet is suffering and/or incurable injured, and reasonable effort has been made to contact me, I give my consent \_\_\_\_\_ I do not give my consent \_\_\_\_\_ (*initial one*) for euthanasia.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

Signature of Caretaker \_\_\_\_\_

Date \_\_\_\_\_