

Owner's Authorization to Treat a Sick or Injured Animal

I, _____, give the following individuals permission to get treatment for my animals if they were to be injured and I was unable to seek care for them..

| Name | Address | Phone # | Driver's License# |
|------|---------|---------|-------------------|
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Permission applies for the following animals:

| Animal's Name | Type of Animal | Description |
|---------------|----------------|-------------|
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| | | |
| | | |

The veterinarian I would prefer is: (Another veterinarian may be used if this one is not available.)

| Veterinarian's Name | Address / Phone |
|---------------------|-----------------|
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I accept full financial responsibility for any medical treatment necessary to relieve the suffering of the animals listed above and for treatment up to \$_____ to return the animals to health.

| | |
|-------|---------|
| Owner | Address |
| | |
| | Phone |
| | |
| Date | E-mail |
| | |