

Advanced Directive Pet Care Authorization

To be filled out by the owner and used in case their pet(s) needs emergency care at:

Owner Name: _____

Phone Number: _____

Address: _____

Departure Date _____ Return Date _____

Contact Phone Number(s) while you are away:

(____) _____

(____) _____

Email address: _____

Person(s) taking care of pet during absence:

Name _____

Phone # _____

Address: _____

Please check one of the following statements:

The agent above is responsible for my pet(s) while I am away and will be able to make **all decisions regarding veterinary care.**

The agent stated above is responsible for my pet(s) while I am away. **For decisions regarding veterinary care, I wish to be contacted.** If I cannot be reached, I appoint the following person to act on my behalf:

Name _____

Phone # _____

FINANCES:

I authorize the use of my card number to be used only while I am away (see the dates above), by the above stated veterinary hospital to pay for any medical expenses that my pet(s), listed on following pages, may require. I am aware that my credit card number will be kept on file but will be stored in a private and confidential manner. Please check one of the following:

I authorize **any amount necessary** for the treatment of my pet(s) at stated hospital.

Pets names: _____

I authorize **a maximum of \$** _____ **to be used towards my pets' care at stated hospital.** (Please indicate amounts by pet's names if different amounts are authorized for each pet)

Pet's names: _____

Owner Signature: _____ Date: _____

Visa or MasterCard Number: _____

Expiration Date: _____ Security Code: _____

Name (as it appears on the card): _____

Cardholders Signature: _____

Description of pet 1:

Name _____

Birth date _____

Sex (circle one): Female Spayed female Male Neutered male

Breed: _____

Medical History (Don't forget to mention any medications your pet may be currently taking):

In Case of emergency

I authorize resuscitation

Do Not resuscitate

In the unfortunate event that this pet passes away my wishes are as follows:

Private Cremation with ashes returned to me

Communal Cremation without ashes returned to me

I would like a clay pawprint made

Description of pet 2:

Name _____

Birth date _____

Sex (circle one): Female Spayed female Male Neutered male

Breed: _____

Medical History (Don't forget to mention any medications your pet may be currently taking):

In Case of emergency

I authorize resuscitation

Do Not resuscitate

In the unfortunate event that this pet passes away my wishes are as follows:

Private Cremation with ashes returned to me

Communal Cremation without ashes returned to me

I would like a clay pawprint made

Description of pet 3:

Name _____

Birth date _____

Sex (circle one): Female Spayed female Male Neutered male

Breed: _____

Medical History (Don't forget to mention any medications your pet may be currently taking):

In Case of emergency

I authorize resuscitation

Do Not resuscitate

In the unfortunate event that this pet passes away my wishes are as follows:

Private Cremation with ashes returned to me

Communal Cremation without ashes returned to me

I would like a clay pawprint made

Description of pet 4:

Name _____

Birth date _____

Sex (circle one): Female Spayed female Male Neutered male

Breed: _____

Medical History (Don't forget to mention any medications your pet may be currently taking):

In Case of emergency

I authorize resuscitation

Do Not resuscitate

In the unfortunate event that this pet passes away my wishes are as follows:

Private Cremation with ashes returned to me

Communal Cremation without ashes returned to me

I would like a clay pawprint made