

Owners Authorization To Treat A Sick or Injured Animal

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

<i>Contact Name</i>	<i>Address</i>	<i>Contact Phone #</i>	<i>Drivers License #</i>

Permission applies to the following animals:

<i>Animal's Name</i>	<i>Type of Animal</i>	<i>Description</i>

The veterinarian I would prefer is: *(another veterinary facility may be used if my requested vet one is not available)*

<i>Veterinarian's Name</i>	<i>Address</i>	<i>Phone #</i>

I accept full financial responsibility for any medical treatment necessary to relieve the suffering of the animal(s) listed above and for treatment up to \$ _____ to return the animal(s) to health

<i>Owner Details</i>	<i>Address</i>	<i>Phone #</i>