

LYNDEN VETERINARY HOSPITAL

Emergency Care Authorization Form

I \_\_\_\_\_ am currently out of town or otherwise unable to be physically responsible for my pets health and well being. In the event of an emergency, and prior to any form of treatment, I wish to be called as soon as possible at \_\_\_\_\_. If I am unable to be present, I have authorized \_\_\_\_\_ in my behalf.

Call me immediately if my pet(s) are sick or injured. I would like to have whatever my pet(s) needs to keep he /she comfortable until I am reached or I can return. I am authorizing the \$ \_\_\_\_\_ for treatment and care until I am notified of the recommendations for treatment for my pet(s). I am authorizing Lynden Veterinary Hospital to perform such treatments. \_\_\_\_\_(initials).

- If I am unable to be reached, and euthanasia is in the best interest of my pet, I am authorizing Lynden Veterinary Hospital to perform this service.
- If in the event my pet(s) die or have to be euthanized, I would like the remains to be held at the hospital until I return \_\_\_\_\_ or the remains to be taken care of by Lynden Veterinary Hospital as a cremation \_\_\_\_\_ or the remains to be privately cremated \_\_\_\_\_.

I hereby authorize and consent to the performance of procedures necessary and desirable in the exercise of the veterinarian's professional judgment. I authorize the use of appropriate medications, and understand that the hospital staff will be used as deemed necessary by the veterinarian to assist with these treatments. I understand that I will be responsible for services performed and I am aware that these services are to be paid for when my pet(s) leave the hospital.

Signature \_\_\_\_\_ Date \_\_\_\_\_