



## Consent to treat while you are away

Client Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Pets name(s): \_\_\_\_\_

Dates of absence: \_\_\_\_\_

Pet Sitter or Boarding Facility: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Contact information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone number(s) while away \_\_\_\_\_

Should an injury or illness occur to my pet(s) that requires veterinary care during my absence, I authorize the caretaker to act as my agent in procuring essential veterinary medical care, not to exceed \$\_\_\_\_\_. I agree to pay the reasonable 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 my behalf. I understand that every attempt will be made to contact me prior to treatment and I understand that treatment may be needed immediately. I authorize West Salem Animal Clinic to furnish my pet with veterinary care and to provide essential medical services without my consent.

I do \_\_\_ / do not \_\_\_ (check one) authorize intensive medical efforts for my pet.

\_\_\_\_\_

Signature of Owner or Agent

\_\_\_\_\_

Date