



This form may be dropped off at our front desk or emailed to info@cvsg.com

Pet Caretaker Treatment Authorization

Owner Name: _____

Phone Number: _____

Address: _____

This authorization is to remain valid from _____ to _____ inclusive.
Start Date *End Date*

Contact phone number(s) while you are away:

() _____ () _____

DESIGNATED PET CARETAKER:

Name: _____

Phone #: _____

Address: _____

Please check one of the following statements:

The Pet Caretaker designated above is responsible for my pet(s) while I am away and is authorized to seek veterinary services and to make all medical decisions, including euthanasia if recommended, regarding veterinary care in my absence.

The Pet Caretaker designated above is responsible for my pet(s) while I am away. For medical 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 (please check one of the following):

I authorize any amount necessary for the treatment of my pet.

I authorize a maximum of \$ _____ to be used towards my pets' care.

The following individual will make payment, at the time services are rendered, for any medical expenses that my pet(s), listed on page 2, may require (if not the owner, both parties must sign).

Name: _____ Signature: _____

Owner Signature: _____ Date: _____

DESCRIPTION OF PET 1:

Name: _____ Birth Date: _____

Sex: Female Spayed female Male Neutered male

Breed: _____

Primary Veterinarian: _____ P.V. Hospital: _____

Medical History (Including any medications your pet may be currently taking):

DESCRIPTION OF PET 2:

Name: _____ Birth Date: _____

Sex: Female Spayed female Male Neutered male

Breed: _____

Primary Veterinarian: _____ P.V. Hospital: _____

Medical History (Including any medications your pet may be currently taking):

DESCRIPTION OF PET 3:

Name: _____ Birth Date: _____

Sex: Female Spayed female Male Neutered male

Breed: _____

Primary Veterinarian: _____ P.V. Hospital: _____

Medical History (Including any medications your pet may be currently taking):

DESCRIPTION OF PET 4:

Name: _____ Birth Date: _____

Sex: Female Spayed female Male Neutered male

Breed: _____

Primary Veterinarian: _____ P.V. Hospital: _____

Medical History (Including any medications your pet may be currently taking):
