



Owners Authorization To Treat A Sick or Injured Animal

I, _____ 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.
 (print owner name)

<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 (gender M-F-N, color, weight)</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>
Signature _____		(date)