

MEDICAL AUTHORIZATION FORM

Owner Information

First and Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Pet Information

Pet's Name: _____

Species: _____ Breed: _____

Age: _____ Sex: Male Female Neutered/Spayed

Last time my pet ate was: _____

Last time my pet drank water was: _____

Medical Authorization

I, the undersigned owner or authorized agent of the pet described above, hereby authorize the attending veterinarian and designated staff to examine, treat, prescribe for, or perform diagnostic, therapeutic, or surgical procedures for the health and well-being of my pet.

I understand that all reasonable efforts will be made to contact me prior to treatment or surgery. However, in the event I cannot be reached, I authorize the attending veterinarian to proceed with any necessary medical or surgical care for my pet as deemed appropriate in their professional judgment.

- I authorize medical treatment only in the event of an emergency.
- I authorize all necessary medical treatment, including anesthesia and surgery, as recommended.

Please list any known allergies, pre-existing conditions, or medications: _____

DNR / Recusation of Treatment Directive (Optional)

DO NOT RESUSCITATE (DNR): I hereby direct that in the event my pet experiences cardiac or respiratory arrest, no resuscitative measures (including but not limited to CPR or intubation) are to be performed. I understand that this decision may result in the death of my pet.

Limited Care Directive: I authorize supportive care only (such as pain management and comfort measures) but decline aggressive or life-prolonging treatments.

Full Treatment Consent: I authorize all necessary resuscitative and life-saving measures as determined appropriate by the attending veterinarian.

Comments or special instructions:

Signature of Owner/Agent: _____ Date: _____

Payment Responsibility

I understand that I am financially responsible for all services provided, and I agree to pay for services at the time they are rendered unless other arrangements have been made in advance.

Signature of Owner/Agent: _____ Date: _____

Printed Name: _____

Relationship to Pet: Owner Authorized Agent (proof of authorization may be required)

Emergency Contact (if owner is unavailable)

Name: _____

Phone Number: _____

Relationship to Owner: _____

Authorized to make medical decisions:

Yes Yes, but limited to \$ _____

No, only allowed to pick up