

Vacation Emergency Consent Form

I, _____ of _____,

Telephone #, _____ Emergency contact # _____ am leaving

my pet(s) _____, _____, _____ in the care of

_____, Address _____,

Telephone # _____ Emergency Contact # _____.

I authorize this person to act as my duly authorized agent. In the event of an emergency, if efforts to contact me are unsuccessful, I authorize **The Pet Hospital** to perform such procedures or treatments as necessary. I accept financial responsibility for any debts incurred and will pay the account balance upon my return.

Client signature

Witness signature