



Consent for Medical Treatment and Release

I _____, grant guardianship of my pets or animals
to _____ beginning _____ MM/DD/YY and ending
_____ MM/DD/YY.

During guardianship, I understand that my pets or animals named

may become ill, injured or sick and may require medical care.

Should any of the listed pets require, or appear to require medical care, I authorize the
guardian _____ to make decisions regarding
medical care and/or treatment.

I understand that efforts will be made to contact me regarding any treatments, illness, injury or
potential medical problem as soon as the condition is deemed not life threatening or, when
communication with me is possible.

I understand that _____ will act responsibly when handling my pets;
however, medical problems may occur regardless of the level of care and expertise of the animal
handler.

The pet's guardian, assumes and bears no responsibility or liability for the actions and decisions of the
veterinary staff, the health or the death of my pet(s).

I _____ assume full responsibility for
the payment and / or reimbursement of all veterinary services rendered, including but not limited to
diagnosis, treatment, medical supplies and boarding. Such bills due will be applied to a pre-established
account with the veterinarian Dr. _____.

I agree to be responsible for all Special Service fees assessed for emergency transportation, care,
supervision, or hiring of emergency care givers.

I authorize _____ and my primary veterinarian to release or share
all medical records of all of my animals with any veterinary clinic attending to the pet(s) in an emergency
or other medical event(s).

This agreement is valid from the date below and grants permission for future veterinary care without
the need for additional authorization each time my pet(s) require veterinary services.



To The Veterinary Hospital:

_____ has been engaged to pet sit my pet(s) and has permission to place them in your care in case of an emergency.

They are granted the right to make medical decisions or decisions about the specialized care of my pet(s) should it be required.

_____ will attempt to contact me as soon as medical treatment is deemed necessary. In the event that I cannot be immediately reached, I authorize you to treat my pet(s) as required. I, _____ am solely responsible for payment of fees applied.

Critical Illness or Emergency:

Should the attending veterinarian determine that my pet or animal's medical situation is critical or terminal, and if I cannot be immediately reached, I agree:

1. That all critical care decisions become the prerogative of the attending veterinarian.
2. Medical intervention & diagnostics in a critical care situation are limited to \$ _____
3. The attending veterinarian is granted the right to euthanize my pet or animal.

Pet Owner's Name (print) _____

Pet Owner's Signature _____

Effective Date of Guardianship _____

Termination Date of Guardianship _____

Signed _____ (MM / DD / YY)