



Care Authorization Form

This form has been designed to provide you, the pet owner, with the ultimate peace of mind that your pet care provider has all of the information needed in order to treat your pet in the event of an emergency while you are away. This form is to be completed and retained by our hospital so that we have access to the information should the need arise. **Please read and completely fill out the form below.**

Owner's Information		
Owner(s) Name(s):		
Address:		
City:	State:	Zip:
Primary Phone #:		Emergency Phone #:

Pet Sitter/Authorized Care Giver's Information		
Care Giver(s) Name(s):		
Address:		
City:	State:	Zip:
Primary Phone #:		Emergency Phone #:

Pet Insurance Information (If applicable)	
Company:	Policy #:

Care Authorization (Continued)

I, _____ (owner's name), hereby authorize the veterinarian(s) of Bay Beach Veterinary Hospital to treat any of my pets currently being cared for by _____ (pet sitter). I accept full responsibility for all fees and charges incurred in the treatment of any of my pet(s). I authorize Bay Beach Veterinary Hospital to charge my credit card in case treatment is needed, but to incur no other charges unrelated to my pet's care. I authorize a maximum amount of \$_____ (if unlimited, write "unlimited") to be charged per incident and should not exceed \$_____ during the entire time my pet(s) are in the care of my pet sitter.

Credit Card Information		
Card Holder's Name (As Appears on Card):		
Card Type:	Card Number:	
Exp. Date:	Zip Code:	CV Code:

I authorize _____ (pet sitter's name) to transport my pet(s) to and from Bay Beach Veterinary Hospital should treatment be required. If I cannot be reached in case of an emergency, the listed care giver has permission to act on my behalf to authorize any treatment including euthanasia. I authorize the care giver to be given any medications and prescriptions my pet(s) may need during or after treatment.

Owner's Name (Printed)

Owner's Signature

Date

This contract is to be retained only by Bay Beach Veterinary Hospital. By completing and signing this form you confirm the information you provided is correct and true to the best of your knowledge.