



### Authorization to Treat in Owner's Absence

I, \_\_\_\_\_, hereby authorize Ridgetop Animal Hospital or the Emergency Clinic to treat my  
*(Owner's Name)*  
 pet(s) listed below in my absence from \_\_\_\_\_ to \_\_\_\_\_.  
*(Date) (Date)*

I authorize all treatments necessary for my pet(s) health and well-being, and allow \_\_\_\_\_  
*(Preferred DVM)*  
 or the DVM on duty and/or \_\_\_\_\_ to make any medical decisions necessary to treat the  
*(Appointed Guardian(s))*  
 problem, alleviate the pain and suffering, and preform euthanasia if it becomes necessary and I cannot be  
 reached in a reasonable time frame.

If euthanasia must be performed, I wish the body to be: *(Please select one and initial)*

- Held for my exam
- Disposed of by group cremation
- Disposed of by private cremation, with the ashes returned to me
- Released to my pets Appointed Guardian(s)

**This Authorization applies to the pets listed below**

Pet's Name	Species	Age	Spayed/Neutered	Color/markings

*(Additional pets can be listed on the backside of this form and must be initialed by Owner)*

**Appointed Guardian(s) information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Please list any additional individuals authorized to bring your pet in during your absence)*  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Phone numbers where I can be reached at during my absence:**

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize my credit card listed below to be charged for services provided during my absence, not to exceed \$\_\_\_\_\_. If services rendered exceed this amount, I wish to be contacted to make further arrangements regarding my account. *Owner initial:* \_\_\_\_\_.

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV Code: \_\_\_\_\_

### Additional Pet Information

Pet's Name	List any medications your pet takes or has taken within the last month		
	Medications	Dosage	What was the medication for?

Pet's Name	List any major concerns regarding your pets health

Preferred DVM: \_\_\_\_\_ Preferred Emergency Vet: \_\_\_\_\_

I authorize Dr. \_\_\_\_\_ or the DVM on duty, and/or the appointed guardian to make any  
*(Preferred DVM)*  
 decisions my pet(s) welfare in my absence.

Owners Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name: \_\_\_\_\_