

**Pet Emergency Center (PEC)  
ABSENT OWNER AUTHORIZATION**

To be filled out by the owner and used in case their pet(s) needs emergency care at PEC, while the pet(s) are in the care of another person.

Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Regular Veterinarian \_\_\_\_\_

Authorization Start Date \_\_\_\_\_ End Date (maximum 1 year) \_\_\_\_\_

Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**Agent(s) authorized to make decisions for pet(s) in my absence:**

Name \_\_\_\_\_ Phone #(\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone #(\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone #(\_\_\_\_\_) \_\_\_\_\_

The agent(s) above are responsible for my pet(s) if I am unavailable and will be able to make **ALL**

decisions regarding veterinary care. (Sign here) \_\_\_\_\_

In the event that your pet' health declines due to injuries or a severe medical condition and Pet Emergency Center Veterinarians have determined to their best knowledge that the prognosis is poor and continued treatment will not likely result in a good long term outcome or relief from suffering:

I authorize Pet Emergency Center Veterinarians (whether owner's authorized agent is present or not) to perform euthanasia and release PEC veterinarian from any and all liability for performing said euthanasia:

(Sign here if you authorize euthanasia in the above circumstance) \_\_\_\_\_

I do **NOT** authorize Pet Emergency Center Veterinarians to perform euthanasia under any circumstances without personally consulting with me first. I accept all financial responsibility for treatment even if costs exceed authorized maximum indicated on last page.

(Sign here if you do not authorize euthanasia) \_\_\_\_\_

**Description of pet:**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Sex: \_\_\_\_\_ Female \_\_\_\_\_ Spayed female \_\_\_\_\_ Male \_\_\_\_\_ Neutered male \_\_\_\_\_ Unknown  
Species (eg. cat, dog) \_\_\_\_\_ Breed: \_\_\_\_\_  
Vaccination History \_\_\_\_\_ Blood Type \_\_\_\_\_  
Medical History - (*Don't forget to mention any medications your pet may be currently taking*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of pet:**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Sex: \_\_\_\_\_ Female \_\_\_\_\_ Spayed female \_\_\_\_\_ Male \_\_\_\_\_ Neutered male \_\_\_\_\_ Unknown  
Species (eg. cat, dog) \_\_\_\_\_ Breed \_\_\_\_\_  
Vaccination History \_\_\_\_\_ Blood Type \_\_\_\_\_  
Medical History - (*Don't forget to mention any medications your pet may be currently taking*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of pet:**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Sex: \_\_\_\_\_ Female \_\_\_\_\_ Spayed female \_\_\_\_\_ Male \_\_\_\_\_ Neutered male \_\_\_\_\_ Unknown  
Species (eg. cat, dog) \_\_\_\_\_ Breed: \_\_\_\_\_  
Vaccination History \_\_\_\_\_ Blood Type \_\_\_\_\_  
Medical History - (*Don't forget to mention any medications your pet may be currently taking*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCES:**

I authorize the use of my card number to be used only during the dates listed above by Pet Emergency Center to pay for any medical expenses that my pet(s), may require. I am aware that my credit card number will be kept on file and will be stored in a private and confidential manner.

I authorize a maximum of \$ \_\_\_\_\_ per emergency incident to be used towards my pets care, at Pet Emergency Center.

---

Visa or MasterCard Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (as it appears on the card) \_\_\_\_\_ Three digit code \_\_\_\_\_

Cardholders Signature \_\_\_\_\_