

Pet Care Emergency Authorization Form

I, _____ owner of the below described animal(s), authorize _____ to make emergency veterinary medical decisions, including euthanasia (unless noted below), for the animal(s) described below in the event that I cannot be reached. Thunder Bay Veterinary Hospital will make all reasonable attempts to reach you to discuss your pets emergency care at the contact information left with your pet's care giver. Where applicable, I have also listed guidelines and limitations of care. I accept financial responsibility for the emergency care of my animal(s). I give consent to Thunder Bay Veterinary Hospital to charge my credit card for services provided for my animal(s) using the credit card information below.

- ☐ I authorize emergency veterinary care costs up to \$_____.
- ☐ I do **not** authorize euthanasia without my direct consent.
- ☐ In the event I cannot be reached and my pet is in critical distress without option for treatment, I am aware the Thunder Bay Veterinary Hospital, in accordance with Ontario regulations, will contact The Ministry of the Solicitor General for permission to euthanize.
- ☐ In the event of my animals death, I wish for the following to be done with his/her remains.
 - ☐ Private cremation with ashes returned ☐ Communal cremation no ashes returned
 - ☐ At home burial ☐ Hazelwood (local crematorium)

Owners Information:

Name: _____
Contact Information: _____
Date of Travel or Expiry date of this form: _____
Credit card number/Expiry/CVV: _____

Authorized Agent Information:

Name: _____
Relationship to owner: _____
Contact Information: _____

Client Name: _____
Client Signature: _____
Date: _____

Pet Information

Name: _____, Species: _____, Age: _____, Sex: _____,
Altered: _____

Relevant medical history:

Medications:

Name	Dose	Frequency	How to administer	Notes

Pet Information

Name: _____, Species: _____, Age: _____, Sex: _____,
Altered: _____

Relevant medical history:

Medications:

Name	Dose	Frequency	How to administer	Notes

Pet Information

Name: _____, Species: _____, Age: _____, Sex: _____,
Altered: _____

Relevant medical history:

Medications:

Name	Dose	Frequency	How to administer	Notes

Pet Information

Name: _____, Species: _____, Age: _____, Sex: _____,
Altered: _____

Relevant medical history:

Medications:

Name	Dose	Frequency	How to administer	Notes