



145 South Birch Street · Canby, Oregon 97013 · P-503-266-5881 · F-503-266-5991 · [www.birchstreetanimalclinic.com](http://www.birchstreetanimalclinic.com)

## Pet Care Emergency Authorization Form

To Whom it May Concern:

I, \_\_\_\_\_ (owner's name), owner of the below-described animal(s), authorize \_\_\_\_\_ (authorized agent's name) to make emergency veterinary medical decisions, including euthanasia (unless noted below), for the animal(s) described below if I cannot be reached. Where applicable, I have also listed guidelines and limitations of care. I accept financial responsibility for the emergency care of the animal(s).

Dates of Travel: \_\_\_\_\_

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

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

Preferred Emergency Veterinarian: \_\_\_\_\_

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

Owner's Name: \_\_\_\_\_

Owner's Contact Information (provide all forms of contact): \_\_\_\_\_

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

I **will not** be reachable by cell phone

Other Contacts (travel companions, etc. - name and contact information):

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

**Pet(s) Information:**

Pet's Name	Species	Age	Sex	Altered?	Microchip #

**Do any of these pets have chronic medical conditions? If yes, please explain:**

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**Medications:**

Pet's Name	Medication	Dose	Frequency	Route (orally, etc)

**Other Medication Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other instructions, if applicable:**

- I authorize emergency veterinary care costs up to \$\_\_\_\_\_
- I do **not** authorize euthanasia without my direct consent.
- In the event of my animal's death, I wish for the following to be done with his/her remains:

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**Owner's Name (printed)** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*\*Please provide a copy to your regular veterinarian and leave a copy with the authorized agent taking care of your pet.*