

Pet Care Emergency Authorization Form

To Whom it May Concern:

I, _____ (owner's name), owner of the below-described animal, authorize Pet Keepers Los Angeles LLC (authorized agent's name) to make emergency veterinary medical decisions, including euthanasia (unless noted below), for the animal described below in the event that 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).

Owner's name: _____

Owner's contact information in case of emergency (provide all forms of contact):

Other contacts (travel companions, etc. – name and contact information): _____

Dates of travel or expiration date of this form: _____

Animal's name: _____

Type of animal: _____

Age, weight and sex of animal: _____

Description of animal (color, markings): _____

Relevant medical history: _____

Microchip number (if applicable): _____

Vaccinations (vaccination, date): _____

Medications (name, dose, frequency, route of administration):

Name	Dose	Frequency	How medication is given (orally, etc.)	Other notes



Other medication notes: _____

Authorized agent: Pet Keepers Los Angeles LLC
Relationship to pet owner: Pet service provider
Contact information for authorized agent: Phone: 310-494-6305 Email: service@petkeepersla.com

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: _____

- I do **not** authorize the following procedures/ treatments (provide a description of what is to be done in place of this procedure/treatment):
 - _____
 - _____
 - _____
 - _____
 - _____
- Other: _____

Owner's name (printed): _____
Owner's signature: _____
Date: _____

