



Pet Emergency Care Directive

I/We, _____, appoint _____ as our representative to do all that is necessary or desirable for maintaining the health of _____ [pet name], _____ [age] years old _____ [breed, type of animal]; specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed veterinarian (Preferably _____ [hospital name], _____ [Veterinarian name]) and to execute any consent, release or waiver of liability required by veterinary authorities incident to the provision of medical, surgical or other essential care to my pet by qualified veterinary medical personnel.

This authorization goes into effect as of _____ [time of day] on _____ [date] and will cease as of the date I/we return to home, on or about _____ [date].

_____ [caregiver name] may authorize, without approval from me/us, veterinary services up to and including \$ _____ [amount]; any amounts over and above that will require that they or the veterinarian contact me/us by phone through call or text at _____ [mobile number] or by email at _____ [email address] for discussion and approval.

If at all possible, the veterinarians will be, as appropriate based on the emergent nature of need, _____ [Veterinarian name] _____ [hospital] at _____ [phone number].

Date: _____

Date: _____

Signed: _____ [pet owner] Signed: _____ [pet owner]