



### Consent for Treatment during Owner Absence

Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Client Emergency Contact # \_\_\_\_\_

Pet Sitter Name: \_\_\_\_\_

Pet Sitter Contact #: \_\_\_\_\_

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

I, the owner of the above named pet(s), grant the above person permission to seek emergency medical care for my pet while I am away from home. Should an injury or illness occur to my pet that requires veterinary care during my absence, I authorize this person to act as my agent in procuring essential veterinary medical care.

I understand that diligent efforts will be made by Macungie Animal Hospital to contact me at the above number in the event of an emergency. However, in the event I am unreachable I authorize any veterinarian at Macungie Animal Hospital to furnish my pet's veterinary care and to provide essential medical services without consent beyond this form.

In the event that the attending veterinarian determines that my pet is suffering and/or is incurably injured, I GIVE/DO NOT GIVE (Circle One) my consent for euthanasia.

I understand that all medical services must be paid at the time they are rendered and that it is my responsibility to furnish a form of payment for my pet sitter to use if necessary.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:

MAH Team Member: \_\_\_\_\_

Date Received: \_\_\_\_\_