

Pet Sitter Emergency Authorization Form for Veterinary Care

To Whom it May Concern:

I, _____ (owner's name), owner of the below-described animal, authorize _____ (authorized agent's name) to make emergency veterinary medical decisions, including euthanasia (**unless noted below**), for the animal described below. Where applicable, I have also listed guidelines and limitations of care. I accept full financial responsibility for the emergency care of my rat.

Owner's name: _____

Owner's cell phone number: _____

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

Dates of travel and/or expiration date of this form: _____

Rat's name: _____

Age, weight and sex: _____

Circle if applicable: Neutered Spayed

Description of rat (color, markings):

Primary Veterinarian Name & Phone Number:

Relevant medical history:

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

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

Other medication notes:

Authorized Agent/Pet Sitter: _____

Contact information for authorized agent: _____

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 (If possible, provide a description of what is to be done in place of this procedure/treatment):

- _____
- _____
- _____
- _____
- _____

- Other: _____

Owner's name (printed): _____

Owner's signature: _____

Date: _____