

Noah's Friends Inc.
Pet Sitter's Veterinary Treatment Authorization

Pet Owner _____ Address _____ Phone _____

Caretaker _____ Phone _____

Pet Names _____

I, the owner of the above-named pet(s), authorize the above caretaker to seek medical care for my pet in the event my pet should become hurt or ill and need medical treatment. This agreement shall be effective:

From _____ to _____ **OR** Ongoing, until I give further notice.

Every effort will be made to speak with the owner in a timely manner. If this is not possible, please indicate who can make decisions on your behalf:

The agent above is responsible for my pet(s) while I am away and will be able to make all decisions regarding veterinary care.

The agent above is responsible for my pet(s) while I am away. If I cannot be reached, I appoint the following person to act on my behalf:

Name _____ Relationship _____

Address _____ Phone _____

I will assume full responsibility for the payment for any and all veterinary services rendered including, but not limited to, diagnosis, treatment, medical supplies and boarding. Payment will be made directly upon my return.

I authorize a maximum of \$ _____ per pet, not to exceed \$ _____, if more than one pet is involved, before further authorization is obtained from either my agent or myself.

I authorize Noah's Friends Inc. to furnish my pet(s) with veterinary care and to provide essential medical services without my consent.

It is Noah's Friends Inc.'s policy that, in the event the pet's needs exceed our ability to treat appropriately, we will recommend a referral to another facility (emergency clinic, board-certified specialist, university, etc.) which can offer best care.

It is Noah's Friends Inc.'s policy, in accordance with the veterinary oath, that if an animal in our care is suffering and such suffering cannot be relieved by medical means, we may euthanize.

If my pet should die or is euthanized, I request that the body:

- Be retained at Noah's Friends until my return
- Be released to the decision-maker or their agent (not necessarily the caretaker)
- Be individually cremated through a local agency of Noah's Friends choosing
- Be communally cremated, and I agree to pay the fees for such services.

Signature of Owner

Date

Special Instructions: _____
