

Emergency Care Authorization Form

I _____ am currently out of town or otherwise unable to be physically responsible for my pets health and well being. In the event of an emergency, and prior to any form of treatment, I WISH TO BE CALLED AS SOON AS POSSIBLE AT _____. I will decide the proper course of action upon notification of the situation. If I am not able to be immediately reached, or do not respond to messages left requesting my immediate attention, I authorize Fur Nanny representative to transport the animal to a veterinarian and authorize basic medical care until I provide further instructions.

~~ OR ~~

I _____ am currently out of town or otherwise unable to be physically responsible for my pets health and well being. In the event of an emergency I authorize Fur Nanny Professional Pet and House Concierge, LLC, or an agent on their behalf ("Contractor") to transport any of my pets for care to:

Name of Vet: _____

Address: _____

Phone: _____

- If it is after hours Contractor will follow emergency instructions left on the clinic answering machine and/or transport your pet to the nearest emergency facility.
- I give permission for the hospital/clinic staff/doctor to administer whatever care and/or medications necessary to treat my pet, with the exception of the following:

- Please call me for further authorization in the medical bills exceed \$ _____.
- Contractor has my contact information and will make every attempt to reach me.

Please check all that apply:

_____ Please notify me immediately if my pet(s) are sick or injured, before seeking medical attention

_____ Call me immediately and do whatever it takes to keep my pet(s) alive and comfortable until I can return.

- **I authorize any and all treatment, regardless of cost.** _____ **(Initial)**

_____ Do NOT notify me, do whatever it takes to keep my pet(s) alive and comfortable until I can return.

_____ Call me for authorization if my pet(s) must be euthanized, or to notify me if he/ she dies.

_____ Do NOT notify me if my pet(s) die. If euthanasia is in the best interest of my pet and it is the doctor's opinion that my pet(s) will have no quality of life even if treated, please do so, but do not call me. I prefer to face this issue when I return.

- **In the event my pet(s) die or have to be euthanized,**

_____ Please hold his / her body at the clinic. I will decide what to do when I return

_____ Please cremate his / her remains, and I will pick them up (private cremation)

_____ Please cremate his remains, but I do not want them back (group cremation)

- **I will assume full financial responsibility for all veterinary services rendered, regardless of where my animals are treated. Furthermore, I will not hold Contractors responsible for any additional pet or house related expenses that may arise in my absence.**

_____ I will pay the veterinary bill in full when I return (please make arrangements with your vet)

_____ Credit Card # _____ Exp. ____/____/____ SEC# _____

_____ I have left a blank check with contractor (Fur Nanny).

Signature _____ Date _____