



Authorization to Treat in Owner's Absence

I, _____, hereby authorize Ridgetop Animal Hospital or the Emergency Clinic to treat my
(Owner's Name)

pet(s) listed below in my absence from _____ to _____.
(Date) (Date)

I authorize all treatments necessary for my pet(s) health and well-being, and allow _____
(Preferred DVM)

or the DVM on duty and/or _____ to make any medical decisions necessary to treat the
(Appointed Guardian(s))

problem, alleviate the pain and suffering, and preform euthanasia if it becomes necessary and I cannot be
reached in a reasonable time frame.

If euthanasia must be performed, I wish the body to be: (Please select one and initial)

____ Held for my exam

____ Disposed of by group cremation

____ Disposed of by private cremation, with the ashes returned to me

____ Released to my pets Appointed Guardian(s)

This Authorization applies to the pets listed below

Pet's Name	Species	Age	Spayed/Neutered	Color/markings

(Additional pets can be listed on the backside of this form and must be initialed by Owner)

Appointed Guardian(s) information:

Name: _____ Phone: _____

(Please list any additional individuals authorized to bring your pet in during your absence)

Name: _____ Phone: _____

Name: _____ Phone: _____

Phone numbers where I can be reached at during my absence:

Phone: _____ Phone: _____

I authorize my credit card listed below to be charged for services provided during my absence, not to exceed
\$ _____. If services rendered exceed this amount, I wish to be contacted to make further arrangements
regarding my account. Owner initial: _____.

Credit Card Number: _____ Expiration: _____ CVV Code: _____

Additional Pet Information

Pet's Name	List any medications your pet takes or has taken within the last month		
	Medications	Dosage	What was the medication for?

Pet's Name	List any major concerns regarding your pets health

Preferred DVM: _____ Preferred Emergency Vet: _____

I authorize Dr. _____ or the DVM on duty, and/or the appointed guardian to make any
(Preferred DVM)
decisions my pet(s) welfare in my absence.

Owners Name: _____ Address: _____

Phone: _____ City, State, Zip: _____

Owner's Signature: _____ Phone: _____

Witness Signature: _____ Witness Name: _____