

**AUTHORIZATION TO TREAT PET(S) IN OWNER'S ABSENCE**  
**WOODINVILLE VETERINARY HOSPITAL**

I hereby authorize the veterinarians at Woodinville Veterinary Hospital (Dr. Adrienne Bennett, Dr. Elizabeth Hardy, and Dr. Andrea Christenson) to treat my pet in my absence, during the dates of \_\_\_\_\_ to \_\_\_\_\_.

Pet Name(s) \_\_\_\_\_ Cat / Dog \_\_\_\_\_ Cat / Dog  
\_\_\_\_\_ Cat / Dog \_\_\_\_\_ Cat / Dog  
\_\_\_\_\_ Cat / Dog \_\_\_\_\_ Cat / Dog

I authorize all treatments necessary for my pet's health and well-being, and allow the doctor on duty and the designated guardian to make any medical decisions necessary to treat the problem, alleviate pain and suffering, and perform euthanasia if it becomes necessary and I cannot be reached in a reasonable time frame.

If euthanasia must be performed, I authorize the following care of remains for my pet:

- I wish the body to be held until my return
- I wish the body to be disposed of by cremation and I do NOT need the ashes returned to me (\$45.00-\$60.00)
- I wish to have a paw print impression made for me (\$12.00 – 15.00)
- I wish the body to be disposed of by private cremation with the ashes returned to me (\$130.00-\$170.00)
- I wish the body to be released to my pet's authorized guardian

I promise to pay upon my return for charges incurred during my absence, according to the following guidelines:

- Basic Health Care: exams, vaccinations, preventative treatments, minor illnesses or injuries.  
Amount not to exceed \$\_\_\_\_\_. Initial \_\_\_\_
  
- Non-life Threatening Medical Care: Illnesses or injuries requiring immediate attention, but not life-threatening. Ex: GI upset/loss of appetite, skin/ear infections, minor lacerations or abscesses, respiratory infections.  
Amount not to exceed \$\_\_\_\_\_. Initial \_\_\_\_
  
- Life Threatening Emergency Care: Illnesses or injuries requiring emergency care and could potentially cause loss of life. Ex: Major trauma, organ failure, respiratory distress, paralysis.  
Amount not to exceed \$\_\_\_\_\_. Initial \_\_\_\_

List any phone numbers where you can be reached during your absence.

Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_

List the name and contact information for your pet's appointed guardian.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

List any major concerns, current or chronic health conditions:

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List any medications – name and dosages – your pet has taken within the last month:

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I authorize the veterinarian on duty, and/or my pet's appointed guardian, to make any decisions regarding my pet's welfare in my absence.

Owner's Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_