

Pinion Veterinary Hospital Caretaker Form

Date: _____

Owner(s) Name:(please print) _____

Phone Number:(____)____-_____

To whom it may concern:

I am authorizing (please print) _____ as

Caretaker of my pet(s)

This will be an: (select one)

On-going – As needed and/or until I inform otherwise

One-time occasion for the period of ____/____/____ - ____/____/____

The caretaker may be reached at (day/evening) phone: (____)____-_____

The caretaker has been instructed by me to contact Pinion Veterinary Hospital for veterinary care should the need arise for the pet(s) indicated on the account at Pinion Veterinary Hospital.

I am authorizing the doctors at Pinion Veterinary Hospital to provide whatever treatment necessary. As the owner, in the event the Caretaker or attending Veterinarian determines that my pet is suffering and/or is incurably injured, I, please

Give my consent to euthanize

Do Not Give my consent to euthanize

I also request that the body: (select one)

Be retained until my return (no additional cost)

Be Privately Cremated (additional cost) (Ashes back)

Communally Cremated (additional cost) (NO ashes back)

General Care of Remains (additional cost) (NO ashes back)

Please bill my credit card for expenses acquired in my absence. I authorize payment of services not to exceed \$_____. I understand that any unpaid balances are still my responsibility and in good faith I will resolve any issues immediately upon my return. Pinion Veterinary Hospital has the full right to collect any unpaid balances as determined by company protocol.

Card Information:(please print clearly)

Name on card: _____

(signature required if name on card is different from owner's name)

Card Type: Visa [] MasterCard [] American Express [] Discover []

Credit card number: _____ Expires: _____

Billing address: _____

Signature: _____ Date: _____

Special Notes: