

## Pet Care Consent Form

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

**List all pets you are authorizing consent for below:**

Pet Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

**Please indicate the information for the individual(s) you are entrusting to care for your pet while you are away below:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**I authorize the individual(s) above to authorize care for my pet for the dates below:**

Starting date: \_\_\_\_\_ to Ending date: \_\_\_\_\_

OR check box if this authorization is indefinite:

**If care for your pet is needed, please check the box for how you would prefer us to proceed below:**

I authorize the individual(s) above to make all medical decisions for my pet and **do not request that Bethany Animal Hospital contacts me.**

I **request that Bethany Animal Hospital contacts** me at the phone number below if my pet requires care. If I cannot be reached, I authorize the individual(s) above to make all medical decisions for my pet.

I **request that Bethany Animal Hospital contacts** me at the phone number below if my pet requires care. If I cannot be reached, I authorize the veterinarians at Bethany Animal Hospital to provide only care they deem stabilizing or critical in nature.

**Please indicate your preferred phone number to be reached at while you are away, if you would like to be contacted:**

Phone Number: \_\_\_\_\_

**Payment is due at time of service. If care for your pet is needed, please check the box for how you would prefer us to proceed below:**

- The authorized individual(s) will have a form of payment to use.
- I will be able to make a payment online via text link at the time of service. I understand that if I cannot be reached, the authorized individual(s) will be required to pay.
- The authorized individual(s) may use my card on file. I understand that if I do not have an up-to-date card on file, the authorized individual will be required to pay.

**In the unfortunate and unlikely event that your pet passes away during the above indicated dates, please check the box for how you would prefer us to proceed below:**

- I authorize the individual(s) to make all body care decisions on my behalf and do not wish to be contacted.
- I request that Bethany Animal Hospital contacts me for all body care decisions. If I cannot be reached, my pet will be placed on hold. *If I cannot be reached for more than 7 days, Bethany Animal Hospital reserves the right to proceed with communal cremation.*

I, the undersigned, certify that I am the owner or authorized agent for the owner of the animal described above. I further certify that I have the legal authority to make decisions regarding this animal and assume financial responsibility for services rendered. I hereby grant the veterinarians and staff of Bethany Animal Hospital permission to care for my pet within the parameters indicated. I release the veterinarian and staff from liability associated with the performance of care or any aftercare services selected.

**By signing below, I acknowledge that I have reviewed the options above and will communicate my wishes to the individual(s) I am authorizing with the care of my pet.**

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_