

IN CASE OF EMERGENCY

The following person(s) may take physical possession of my pet(s) in the event of an emergency, or Provider's or Client's incapacity or death:

Primary Emergency Person:

Name(s): _____

Address: _____

Phone: _____

Email: _____

Backup Emergency Person:

Name(s): _____

Address: _____

Phone: _____

Email: _____

IN CASE OF PET EMERGENCY

In the event of the serious illness or death of my pet while in Provider's care, I authorize Provider to make the following arrangements on my behalf:

Veterinarian care (circle one: [with no monetary limit] [up to \$_____])

Disposition: _____

Veterinary Name: _____

Address: _____

Phone: _____

***Please leave a credit card sealed and labeled in an envelope in your home.**