



Veterinary Care Authorization Form For Petsitter

Veterinary Emergency and Critical Care
8650 W Tropicana Ave Ste B-107
Las Vegas NV 89147
702-262-7070
Open 24 hours 7 days a week

Owner's Name: _____

Contact numbers: _____

Pet's Name:
Description:
Age:
Vaccine status:
Medical conditions:
Current medications:
CPR/DNR

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If any of my pets listed above needs medical attention, I authorize _____ to act as their guardian, transport them to my regular veterinarian, and in the event of an emergency and/or if my regular veterinarian is not available, to transport them to **Veterinary Emergency and Critical Care**.

The veterinarian is to first call me for authorization, but if I am unavailable and this is an emergency, the veterinarian is authorized to begin treatment of my pet(s).

If I cannot be reached, I authorize the above named guardian to make necessary medical decisions for my pet(s).

If I cannot be reached, I authorize the above named guardian to approve treatment of my pet(s) up to \$_____

I have indicated my wishes for either CPR or DNR (do not resuscitate) as listed for each pet above. Please treat my pet accordingly until I can be reached.

Upon my return I will assume full responsibility for payment/reimbursement of veterinary services rendered up to the above stated amount, or more, if I have been contacted and have authorized further services.

Owner's Signature: _____

Date: _____