



# OAKWOOD VETERINARY HOSPITAL

924 HASTINGS STREET • TRAVERSE CITY, MI 49686 • PH (231) 941-7241 • FAX (231) 941-1958

M. DREW HENSHAW, D.V.M. • BRUCE C. COZZENS, D.V.M.

## PERMISSION TO TREAT PET WHILE OWNER IS AWAY

Pet Owner \_\_\_\_\_  
Address \_\_\_\_\_

Pet Caretaker \_\_\_\_\_  
Address \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Phone/Fax \_\_\_\_\_

\_\_\_\_\_  
Pet's name(s)

\_\_\_\_\_  
Expected dates of absence

Should an injury or illness occur to my pet(s) that requires veterinary care during my absence, I hereby authorize the caretaker to act as my agent in procuring any additional essential veterinary medical care, not to exceed \$ \_\_\_\_\_. I agree to pay the reasonable fees for such professional veterinary services as soon as possible after I return.

The address and phone number(s) where an agent, relative of mine or I may be reached are:

Name	Address	Relationship	Phone/fax
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I hereby authorize any veterinarian to furnish my pet(s) with veterinary care and to provide essential medical services without my consent. I **do** / **do not** (circle one) authorize intensive medical efforts for my pet(s).

The veterinary practice of my choice is for any medical care is:

Name	Address	Phone/fax
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In the event the attending veterinarian determines that my pet is suffering and/or is incurably injured, I hereby **give my consent** / **do not give my consent** (circle one) for euthanasia. If my pet should die or is euthanized, I request that the body **1) be retained until I return,** **2) be individually cremated,** **3) be communally cremated,** (circle one) and I agree to pay the fees for such service.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caretaker's Signature