



OAKWOOD VETERINARY HOSPITAL

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M. DREW HENSHAW, D.V.M. • JEFFREY A. MASON, D.V.M.

PERMISSION TO TREAT PET WHILE OWNER IS AWAY

Pet Owner _____

Pet Caretaker _____

Address _____

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