

38973 US Highway 27 Davenport, FL 33837 Phone: 863-438-6600 Fax: 863-438-6603

Pet Care Emergency Authorization Form

Frist Na	me: Last Name:
Pet's na	ame:
To Who	om It May Concern:
authori emerge	(owner's name), owner of the below-described animal, ze (authorized agent's name) to make ency veterinary medical decisions, including euthanasia (unless noted below), for the animal ed below in the event that I cannot be reached.
Duffy D' complet perform and I do	reby certify that I am the owner of the animal described below, I hereby give Terri Parrott, DVM, Devon /M, Jamie Nenezian DVM, Christine Solis DVM and their agents, servants, and/or representatives full and e authority to perform veterinary diagnostics, and treatments requested by owner and/or agent and to any other procedure that, at discretion, may be useful to promote the health of the above described pet, hereby and by the presents forever release the said Doctor, her agents, servants, or representatives from all liability arising from said surgery on said animal.
<u>Where</u>	applicable, I have also listed guidelines for patient resuscitation.
_	I hereby request that in the event my pet's heart and/or breathing should stop:
Please	nitial One Option:
	I authorize all procedures to resuscitate my pet, and I understand that I will be held financially responsible for any costs that occur. NO PERSON SHALL ATTEMPT TO RESUSCUTATE MY PET.
l accep	financial responsibility for the emergency care of the animal(s).
	I have left Credit Card information on file at the clinic and understand all services and charges will be processed the same day. I have not left credit card information on file; account will be settled by authorized agent at the time or services rendered
Owner [*]	s name:

Owner's contact information in case of emergency (provide all forms of contact):	
Other contacts (travel companions, etc. – name and contact information):	
Dates of travel	
Acting Agent:	
Acting Agent's Contact Information:	-

