



P.O. Box 237 / 429 Madrona Street  
Eastsound, WA 98245  
Ph: (360) 376-6373 / Fax: (360) 376-7838

## Pet Caretaker Consent Form

<b>Your Name:</b>		
Phone:	2nd Phone:	Email:
Address:		
Your Pets' Names:		
<b>Caretaker Name:</b>		
Phone:	2nd Phone:	Email:
<b>Will you be available by phone and/or email while away?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone:	2nd Phone:	
<b>Date of Departure:</b>		
<b>Date of Return:</b>		

If we are unable to contact you, is there a limit to treatment charges for your animal(s)?  
*(Please note: we will make every effort to contact you prior to treatment, but in the case of a medical emergency our first priority will be in stabilizing your pet.)*

Limit: \$ \_\_\_\_\_

In the event that the veterinarian determines the animal is suffering and/or cannot be treated, does your caretaker have your consent to authorize humane euthanasia?

Yes       No

I (owner) authorize the above named caretaker to present my animal(s) to Orcas Veterinary Service for treatment if the need arises while I'm away. I agree to pay for all charges immediately upon my return.

**Pet Owner Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_