

Tails of Terra Linda Medical Emergency Authorization Form

I, _____ (Owner Name), authorize **Tails of Terra Linda** to seek veterinary care for my pet, _____ (Pet Name), in the event of an emergency or urgent need. I understand every effort will be made to contact me, but that basic life stabilizing or life saving care will be administered until I can be reached. I understand that I am financially responsible for any medical expenses incurred. Where applicable, I have outlined specific treatment limitations or care guidelines below.

Owner's Emergency Contact Information

- ➔ Owner Name(s): _____
- ➔ Address: _____
- ➔ Primary Phone(s): _____
- ➔ Dates of Pet's Stay: _____

Local Authorized Agent (Optional)—this person may act to make decisions in your place in the event you are unreachable

- ➔ Name: _____
- ➔ Address: _____
- ➔ Phone: _____
- ➔ Relationship to Pet Owner: _____

Veterinary Care Authorization

Please select **one** of the following:

- ☐ I authorize all recommended veterinary care to proceed as determined by the attending veterinarian.
- ☐ I authorize only life saving or stabilizing care to a maximum limit of \$ _____
- ☐ I do **not** authorize veterinary care without my consent. I understand this may result in deterioration of my pet's condition or, in extreme cases, death.

Provider of Veterinary Care

Please initial the following:

_____ I authorize my pet to be treated at Pet Emergency and Specialty Center of Marin (the closest veterinary emergency facility) in the event my pet is critically ill after regular business hours or in the event my preferred veterinary provider is unable or unwilling to provide veterinary care.

Please initial one of the following:

_____ I request that, where feasible, my pet be treated by the veterinarian described below. I understand that I will be responsible for charges incurred at the facility as well as cost for time and transportation of my pet to my preferred veterinarian. I understand that in the event my preferred veterinary facility is not available, my pet will be triaged by the veterinary staff at Terra Linda Veterinary Hospital.

➡ Name of Veterinary Facility: _____

➡ Name of Preferred Veterinarian (if any): _____

➡ Address of Veterinary Facility: _____

➡ Phone Number of Veterinary Facility: _____

_____ I request that my pet be treated by the veterinary staff at Terra Linda Veterinary Hospital. I understand that I will be responsible for charges incurred at the facility. There will **not** be additional costs associated with time and transportation of my pet.

Acknowledgment

By signing below, I confirm that I have read and understood the terms of the Emergency Agreement. I accept all associated risks and responsibilities.

Pet Name: _____

Client Name (print): _____

Client Signature: _____ Date: _____