

Client Authorization While Away Form

Client	Date		
Address			
Phone			
While I am out of town/unavailable, I authorize the following for:			
<input type="checkbox"/> No Heroics in case of Emergency	<input type="checkbox"/> Yes! Do Everything		
I authorize the following services:			
<input type="checkbox"/> XRay	<input type="checkbox"/> Specialists	<input type="checkbox"/> Transfer Care	<input type="checkbox"/> Surgery
<input type="checkbox"/> Special Order Meds	<input type="checkbox"/> Lab Work		
If _____ dies (or euthanasia is needed) we request the following:			
<input type="checkbox"/> Cremation	<input type="checkbox"/> Cremation/Ashes Returned	<input type="checkbox"/> Buried At Home	
In my absence, _____ has our permission to make these choices.			
<p>Medical records are at APTOS-CREEKSIDE PET HOSPITAL. I authorize any veterinarian on duty to treat _____ or a specialist at one of the other hospitals.</p> <p>I am responsible for all costs incurred.</p> <p>I have set up the following for caregiver named _____</p> <p>Please give a copy of this to your caregiver.</p>			
Dates gone:		to	
Emergency Phone		Contact	
Caregiver Contact Name			
Caregiver Contact Phone			
Signature		Date	