



Authorization to Treat

I, _____, hereby authorize _____ to make medical and health care decisions for my pet(s) (listed below) in my absence. In the event of an emergency, I understand that Cascade Hospital for Animals (CHFA) or Breton Village Animal Clinic (BVAC) will attempt to contact me at the phone number(s) provided; however, I understand that if I cannot be reached within a reasonable amount of time (as determined by CHFA or BVAC based on urgency of medical care), I authorize CHFA &/or BVAC to treat my pet however is deemed necessary for its health and well-being. Furthermore, I agree to pay for any and all expenses that may be incurred.

Pets included in authorization (please note any special medical concerns):

Dates this Authorization is valid (or indicate if this authorization is ongoing):

Phone number(s) to contact owner(s):

Phone number(s) of person(s) authorized to make medical decisions:

Signature of Owner

Date of Agreement

In the unlikely event that your pet is facing urgent and immediate life-threatening condition, we will do everything in our power to ensure his or her continued comfort. If your wishes are a humane end to their suffering, please initial below.

_____ Yes, if the doctor feels that recovery is not possible.

_____ No, please keep my pet comfortable until I return.