



OUT OF TOWN AUTHORIZATION

This form is available to download on our website www.elliottbayah.com

I _____ authorize _____ to bring my pet(s) _____ into Elliott Bay Animal Hospital during (dates) _____ for any medical or boarding needs. I also give _____ permission to make medical decisions if I am not available.

I assume full financial responsibility for services performed during this time while I am away.

Thank you,

Signature _____ Date _____

****THIS FORM WILL BE SHREDDED AND VOID AFTER THE DATES SHOWN ABOVE****

PHONE NUMBERS: (1st) _____ (2nd) _____

Emergency Contact (who can make medical decisions if you are not available):

Name _____ Phone: _____

IN THE EVENT A HEALTH CONCERN EMERGES.....

____ I authorize Elliott Bay Animal Hospital to do whatever is necessary and I will pay any additional charges.

____ I authorize necessary procedures/expenses (\$350 minimum) up to \$ _____.

IN THE EVENT A LIFE-THREATENING EMERGENCY ARISES.....

____ I authorize Elliott Bay Animal Hospital to treat my pet(s) _____ for any medical emergency or pre-existing medical condition that is worsening or causing my pet pain or discomfort. I understand Elliott Bay Animal Hospital will proceed with every necessary life support measure, including surgery, in order to save my pet's life. I understand Elliott Bay Animal Hospital will make every reasonable attempt to contact me or my emergency contact numbers I have provided, but will proceed with treatment to alleviate pain and to save my pet's life. I agree to pay all charges associated with rendering medical services to my pet.

____ Please do not render any treatment to my pet(s) _____. I understand Elliott Bay Animal Hospital will make every reasonable attempt to contact me or my emergency contact numbers I have provided, but will NOT proceed with treatment. I authorize you to humanely euthanize my pet and hold the body until I return.

Signature _____ Date _____

EBAH Team Member _____ Date _____

Thank you for allowing us to care for you pet!