



(310) 528-3914

amy@amysanimallove.com

Pet Care Emergency Authorization Form

*Pet Owner: _____
 *Pet Name(s): _____
 *Address: _____
 *City/State/Zip: _____
 *Cell #: _____
 *Email: _____

***Collars Accepted (Mark (X) any that apply.)**

Prong ☐ ECollar ☐ Halter ☐ Head ☐ Choker ☐
 Other/Special _____

***Social Media (Mark (X) any that is allowed)**

AALWebsite ☐ Facebook ☐ Instagram ☐ Twitter ☐

I, _____ (owner's name), owner of the below-described animal(s), authorize **Amy Glasman of Amy's Animal Love**, to make emergency veterinary medical decisions, including euthanasia (unless noted below) for the animal(s) described below in the event that I cannot be reached. I accept financial responsibility for the emergency care of the animal(s) listed below.

Owner's contact information in case of emergency: _____

Other contacts (travel companions, etc./family/friend: _____

Animal's name(s)	<input type="checkbox"/> M/F	<input type="checkbox"/> M/F	<input type="checkbox"/> M/F
Type of animal:			
Age/Weight:	____ yrs ____ lbs.	____ yrs ____ lbs.	____ yrs ____ lbs.
Description (color/etc):			
Important Medical Info:			
Microchip number :			
Vaccinations:	Please attach	Please attach	Please attach

PREFERRED ANIMAL HOSPITAL/VET _____

(If not available, Amy Glasman can make a choice of the nearest hospital: Yes/No

☐ I authorize emergency care costs up to \$ _____

☐ I **DO NOT** authorize euthanasia without direct consent.

Medications (name, dose, frequency, route of administration):

Name	Dose	Frequency	How medication is given (orally, etc.)	Other Notes

Pet Owner's Name (printed)

Pet Owner's Signature

Date

PET FEEDING INSTRUCTIONS:

Pet Name(s)	Age	Food Instructions	Water	Waste Disposal	Meds.	Likes	Dislikes
			Fill Bowls				

SPECIAL House Instructions:

Entry/Exit Key or Lock Box Code # _____
Instructions _____
Parking _____

Leashes/Supply/Location _____
Trash Pick-Up/Location _____

Additional Instructions: