

TO EMERGENCY RESPONDERS

Print Clearly:

I/We, _____, own the animal(s) in this trailer.

Address: _____

Phone: Home (_____) _____ - _____

Cell (_____) _____ - _____

Emergency contact who has legal authority to make decisions on treatment for the animal(s):

Name: _____

Address: _____

Phone: Home (_____) _____ - _____

Cell (_____) _____ - _____

E-mail: _____

Home veterinarian(s):

Name: _____

Phone: Office (_____) _____ - _____

Cell (_____) _____ - _____

Pager (_____) _____ - _____

E-mail: _____

Insurance Co.:

Contact: _____

Phone: (_____) _____ - _____

In the event that I/we are incapable of making decisions regarding the health and well-being of the animal(s) in an accident or emergency, we hereby authorize and shall hold harmless a veterinarian to determine the health status of the animal(s), provide emergency health care, or administer a euthanizing agent if the veterinarian determines that an animal cannot be saved.

Signed,

_____/_____/_____
Date

_____/_____/_____
Date

Witness:

_____/_____/_____
Date

