



## IN CASE OF EMERGENCY

The following person(s) may take physical possession of my pet(s) in the event of an emergency, or Provider's or Client's incapacity or death:

### Primary Emergency Person:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Backup Emergency Person:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## IN CASE OF PET EMERGENCY

In the event of the serious illness or death of my pet while in Provider's care, I authorize Provider to make the following arrangements on my behalf:

Veterinarian care (circle one: [with no monetary limit] [up to \$\_\_\_\_\_ ])

Disposition: \_\_\_\_\_

Veterinary Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_