

AUTHORIZATION FOR EMERGENCY VETERINARY CARE

***Print or type information below – It must be legible.
Attach a picture of this animal.***

Its identification number must appear on both this form and the picture.

Date: _____ ID# _____

Animal was Returned Euthanized Placed Date _____

Kind of Animal: Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/> (Specify):			
Breed:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:	Weight: Actual <input type="checkbox"/> or Est. <input type="checkbox"/>
Description and other Identifiers (Markings, Collars, etc.)			
Rabies Vaccinated Date:		1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/>	
If Stray, where was this animal found? (Be specific)			
Owner's Name:			
Address:			
City, State, Zip:			
Phone:			

Transportation to Hospital

Vehicle:
Driver/Sponsor:
Name of Person Bringing in the Animal (with Positive ID):
Address:
City/State/Zip

Holding Facility or Veterinary Hospital:

Address:
City/State/Zip
Name of Person Accepting the Animal (Print and Initial):

I certify that I am the owner/agent of the above listed animal and authorize veterinary care as indicated. I understand that if I have not claimed my pet within 30 days that it will be considered abandoned.

Signature of person bringing in the animal: _____ Date: _____

ATTACH PHOTO OF THIS ANIMAL PLUS ID #