

Emergency Care Authorization Form

Client Name _____ Phone # _____

I am currently out of town or otherwise unable to be physically responsible for my pets health and well being. In the event of an emergency I authorize Fur Nanny Professional Pet and House Concierge, LLC, or an agent on their behalf ("Contractor") to transport any of my pets for care to:

Name of Vet/Clinic or Hospital: _____ Phone _____

- If it is after hours Contractor will follow emergency instructions left on the clinic answering machine and/or transport your pet to the nearest emergency facility.

Please check all that apply:

_____ I am aware that due to advanced age and/or declining health, Fur Nanny, LLC, has deemed my pet to be "high risk." Fur Nanny will not be held liable for the advancement of disease or the death of my pet, either during my absence or after my return.

In the event of illness or injury:

_____ Please notify me immediately, before seeking medical attention *(Please note that if you choose to be contacted before any treatment is given, your pet may not survive.)*

_____ Call me immediately and do whatever it takes to keep my pet(s) alive and comfortable until I can return. *(You must choose a payment option below)*

_____ I authorize any and all treatment, regardless of cost *(You must choose a payment option below)*

In the event my pet(s) die or have to be euthanized: (_____ Call Owner) OR (_____ Do not call Owner) AND

_____ Please hold his / her body at the clinic. I will decide what to do when I return

_____ Please cremate his / her remains, and I will pick them up (private cremation)

_____ Please cremate his remains, but I do not want them back ("communal" cremation)

I will assume full financial responsibility for all veterinary services rendered, regardless of where my animals are treated. Furthermore, I will not hold Contractors responsible for any additional pet or house related expenses that may arise in my absence.

_____ I will pay the veterinary bill in full when I return (I have already made arrangements with my veterinarian)

_____ Credit Card # _____ Exp. ____/____ SEC# _____

_____ I have left a blank check with contractor (Fur Nanny). Check # _____

Signature _____ Date _____

Fur Nanny _____ Date _____