

Pet Care Authorization for Emergency Care

Date: _____

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby authorize [Pet Care Provider's Name] to act on my behalf regarding the care and treatment of my pet, [Pet's Name], in the event of an emergency.

My pet is a [Type of Pet, e.g., dog, cat] and is [Age] years old. The emergency contact number is [Your Phone Number].

I authorize [Pet Care Provider's Name] to make decisions regarding veterinary care, which may include medical treatments, surgeries, or any necessary procedures deemed necessary by a veterinarian.

This authorization is effective from [Start Date] to [End Date].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Number]