

# Riverside Cat Hospital

4632 Okemos Rd; Okemos, MI 48864  
517-347-2287 [www.RiversideCatHospital.com](http://www.RiversideCatHospital.com)

## *Authorization for veterinary care in the pet owner's absence*

Name of client: \_\_\_\_\_

Name of pet(s): \_\_\_\_\_

I hereby state that I am the legal owner of the animal(s) listed above. In the event that I am absent and cannot be reached, I authorize

\_\_\_\_\_  
\_\_\_\_\_

to make decisions on my behalf regarding the veterinary care of those animals listed above. Such veterinary care may include, but is not limited to, exam, diagnostic testing, administration of medications, sedation or anesthesia, surgery, euthanasia, or referral to another hospital or clinic for specialty or emergency treatment. I understand that I am legally responsible for any fees incurred by the treatment of my animal(s). I have discussed my wishes and any limitations regarding veterinary care for my animal(s) with the person(s) named above.

This authorization remains in effect:

☐ for the following dates: \_\_\_\_\_

☐ until revoked by the pet owner in writing.

\_\_\_\_\_

*signature of pet owner/client*

\_\_\_\_\_

*date*