

Temporary Guardianship Authorization Form



Date of Appointment

_____ AM PM
Date (Month / Day / Year) Hour / Minutes

Owner Information

First Name

Last Name

Phone Number

Email Address

Temporary Guardian's Information (Pet Sitter, Kennel, etc.)

First Name

Last Name

Phone Number

Permissions

I, _____ give permission to _____ to make decisions on treatment for
OWNER NAME TEMPORARY GUARDIAN'S FULL NAME
_____ during my absence based on the recommendations from the attending Veterinarian in the
PET'S NAME
event that I cannot be reached in a timely manner during a medical or surgical emergency. This authorization
_____ include decisions regarding humane euthanasia of my named pet(s).
DOES / DOES NOT

I, _____ accept all financial responsibility for costs resulting from those decisions if attempts to
OWNER NAME
reach me for permission are unsuccessful. I request that efforts be taken to keep these costs below \$ _____ .
DOLLAR AMOUNT

I am aware that there may be situations where the initial and ongoing care necessary to keep my pet(s) comfortable and to prevent their condition from further deteriorating while attempts are made to contact me may exceed this amount.

Signature

Date (Month / Day / Year)

Pet Medical History

Pet Name _____

Age _____

Species _____

Microchip Number _____

Sex: Male Female

Spayed or Neutered? Spayed Neutered Intact

Pet is mainly indoor or outdoor? Indoor Outdoor Both

Vaccine Status: Up to date Due / Overdue Not sure

Medical Information

Medical History:

Please include previous illnesses/surgeries/hospitalizations, current/ongoing illnesses, any prior relatable history, allergies/reactions to medications, current medications/supplements (include dosages, frequency and duration of treatment).

Please send the completed form to info@eaglerisevet.ca along with any relevant medical records for your pet. A team member will reach out to you to confirm the information. Thank you!