



Authorization for Emergency Medical Care

TO: Emergency Medical Care Provider

Pet Owner/Agent (please print): _____

Pet(s) will be in **Doodle Dog** care on the following date(s):

I, the undersigned, will be out of town during the dates listed above. During my absence, Phyllis Stephenson, on behalf of **Doodle Dogs**, a pet care service will be caring for my pet(s).

If, during my absence, any medical problems arise with my pet(s), I authorize **Doodle Dogs** to present my pet(s) for medical treatment. In addition, **Doodle Dogs** also has my permission to sign any pertinent authorization forms necessary for my pet's medical treatment.

Upon completion of the attending veterinarian's medical examination of my pet(s), I request that I be contacted at the following number _____ by:

- the examining veterinarian, their staff, or
- Phyllis Stephenson, on behalf of **Doodle Dogs**

I, the undersigned, will be held financially responsible for any and all reasonable medical treatments performed on my pet as deemed necessary by the administering veterinarian.

Thank you,
Phyllis Stephenson
Doodle Dogs

Signature of Pet Owner/Agent
Date: _____