

# TO EMERGENCY RESPONDERS

Print Clearly:

I/We, \_\_\_\_\_, own the animal(s) in this trailer.

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Emergency contact who has legal authority to make decisions on treatment for the animal(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Home veterinarian(s):

Name: \_\_\_\_\_

Phone: Office ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Insurance Co.:

Contact: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

In the event that I/we are incapable of making decisions regarding the health and well-being of the animal(s) in an accident or emergency, we hereby authorize and shall hold harmless a veterinarian to determine the health status of the animal(s), provide emergency health care, or administer a euthanizing agent if the veterinarian determines that an animal cannot be saved.

Signed,

\_\_\_\_\_ / / \_\_\_\_\_ Date

\_\_\_\_\_ / / \_\_\_\_\_ Date

Witness:

\_\_\_\_\_ / / \_\_\_\_\_ Date

