TO EMERGENCY RESPONDERS

Print Cle	arly:											
I/We, _								,	own the	anima	l(s) in this	s trailer.
	Address	s:										
	Phone: I	Home	()		_ -						
		Cell	()		-			-			
Emerg	ency con	tact w	ho has le	egal autho	rity to	make de	cisions	on treatm	nent for t	he anir	nal(s):	
	Name: _											
	Address	s:										
	Phone: I	Home	()								
	(Cell	()		-						
	E	E-mail:	l								_	
Home	veterinari	ian(s):										
	Name: _											
	Phone: 0	Office	()	-							
	(Cell	()								
	Email: _											
Insura	nce Co.:											
	Contact:	·										
	Phone: ()		-							
accide	nt or eme	rgenc , provi	y, we he de emer	reby authogency hea	orize a	nd shall	hold har	mless a v	veterinar	ian to d	determine	ne animal(s) in an the health status arian determines
Signed	i,											
											/	Date
												Date
Witnes	ss:											

